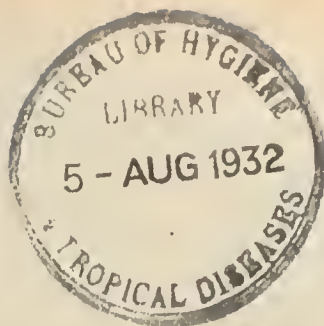


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COUNTY BOROUGH OF HASTINGS.

PUBLIC HEALTH DEPARTMENT

INCLUDING

SCHOOL MEDICAL SERVICE.

ANNUAL REPORT FOR 1931.

G. R. BRUCE, O.B.E., M.A., M.D., D.P.H.,
Medical Officer of Health
and
School Medical Officer.

ST. LEONARDS-ON-SEA :
PRINTED BY A. H. BUTLER, LTD., 34-35 Western Road

MCMLXXXI



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5 - AUG 1932
SPECIAL DISEASES



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PREFACE.

Health Department,
44, Wellington Square,
Hastings,

April, 1932.

TO HIS WORSHIP THE MAYOR, AND TO THE ALDERMEN AND
COUNCILLORS OF THE COUNTY BOROUGH OF HASTINGS.

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to submit herewith the Annual Report of the Health Department for 1931, certain salient features being emphasised in the following summary.

Vital Statistics.

The population of Hastings at the census of April, 1931, was 65,199, reduced for statistical purposes by the Registrar-General to 61,920. Certain anomalies connected with the census figures are discussed in the report.

The crude death-rate per 1,000 of the population was 15·84, which gives a corrected figure of 11·39 per 1,000, a slight increase over the figure for 1930.

The birth-rate, 12·3 per 1,000, has remained practically stationary for several years at its present low figure.

The infantile mortality figure for 1931 is 51 per 1,000 births, as compared with 57 in 1930.

Infectious Diseases.

Generally speaking the incidence of the notifiable infectious diseases was in 1931 very light, notably scarlet fever and enteric fever. Towards the end of the year there was an increase in the incidence and severity of diphtheria, sufficient to warrant the launching of an immunisation campaign, especially in the district where most of the cases were arising. This work is still proceeding, although unfortunately not as many parents as we hoped are availing themselves of the protection, offered free of any cost, against this, at times, very dangerous and insidious disease.

The well established policy of the Borough Sanatorium, the gradual modernisation of the whole establishment (one whole block was dealt with in 1931), together with the admission of as many types of infectious diseases as could properly be dealt with, was followed.

Maternity and Child Welfare.

The scheme, which is remarkably complete, depends largely for success on the harmonious co-operation between the Voluntary Society, responsible for the Infant Welfare and Ante-Natal Centres, and the Maternity and Child Welfare Department of the Corporation. In this connection we have to record with sincere regret the resignation of Mr. J. J. Boutwood from the post of Honorary Secretary of the Voluntary Society after 21 years of pioneer and most valuable work. He has been succeeded in the office by Mrs. Farnfield, with whom the same cordial relations have already been established.

During the year, the Beach Terrace Centre was transferred, in view of the Front Line Improvement Scheme, to the Baptist Church Hall, Wellington Square. The new premises are more commodious, more convenient, quieter, and equally central, so that the change has resulted in an increase in the numbers, already large, attending.

Tuberculosis.

The mortality from this disease has been steadily falling in recent years, as can be seen in full detail in the report, the figures for the past five years, being 1·15, '94, '83, '88, and '80 per 1,000 of population, as compared with 1·8 at the beginning of the century.

There was no modification in the services available to the public, which include (*a*) the Tuberculosis Dispensary, held in the Royal East Sussex Hospital, with beds for surgical tuberculosis, and the advantage of using the Laboratory, X-Ray, Dental and Orthopædic departments in the same hospital; (*b*) the use of 30 beds at Darvell Hall Sanatorium, Robertsbridge; (*c*) A health visiting and nursing service, with provision of disinfectants, etc.; and (*d*) co-operation with the excellent work of the Tuberculosis Care Committee.

Venereal Diseases.

The report shows in 1931 a distinct fall in new cases coming under treatment, both of syphilis and gonorrhœa. This is gratifying, if it be assumed (and there is no reason to doubt it) that the same proportion of new cases attended as in previous years.

The whole time sister now devotes a certain proportion of her time to social work, especially among the young girls, who have attended the Clinic.

The Clinic, at the Royal East Sussex Hospital, is fully equipped in every modern respect.

The School Medical Service.

The work of this service has continued on approved lines, some of the results of which we now see, especially in improved cleanliness, dental treatment, operative treatment for enlarged tonsils and adenoids and the provision of spectacles, also to some extent in the treatment of crippling at the Orthopædic Clinic. That, however, is only one side of the picture—even more important is the preventive and educational side of the work, which we are trying to develop, for example, by the teaching of our journal, “Better Health,” by following up cases after leaving the Open-Air Schools, by teaching children after the operation for adenoids to breathe properly, by looking out for minor deformities and getting the teachers to concentrate on their treatment, by going more fully into the question of the environmental side of the school and the home, and by offering immunisation against diphtheria.

Medical Aspects, Local Government Act, 1929.

The medical aspects of the transfer of the work of the Poor Law Guardians to the Corporation were fully dealt with in the report for 1930. During 1931 the original reports from this department in connection with the Municipal Hospital received most careful consideration and various important schemes have now been sanctioned, put in hand, and will probably be completed during 1932. These include : —

- (a) Provision of an additional female block, for 40 beds.
- (b) Additional block for healthy children, 36 beds.
- (c) Provision of central heating for the whole of the hospital side.
- (d) Provision of X-Ray apparatus and ultra-violet light installation

- (e) Provision of new mortuary.
- (f) Improvements in the accommodation for nurses.
- (g) Improved accommodation for cases of tuberculosis.

Co-ordination with Voluntary Associations.

Co-ordination with the Voluntary Associations in connection with the Blind, Maternity and Child Welfare, Tuberculosis, the Mentally Defective, etc., has continued to be most cordial and helpful.

Environmental Sanitation.

The work in connection with general sanitary administration is fully set out in a special section of the report.

In connection with housing, a number of individual houses and basement tenements have been represented to the Council as unfit for human habitation, with a view to the dispossessed tenants receiving council houses under the Act of 1930. Steady and valuable work can be done in this direction. In some cases the owners are stimulated to re-construct the condemned house; in one case the site has been purchased for the erection of two houses. In the absence of any large scheme, such as the Old Town Clearance Scheme, which is still awaiting completion, this appears to be the most useful policy to pursue.

Steady progress is reported with regard to the new water reservoir at Cripps' Corner, which should be in use within a year.

The sewerage of the town is now being investigated by the Borough Engineer with a view to radical alterations and renewals throughout the whole system.

The inspection of food, in every form and in all places of manufacture and sale, has received much attention.

With regard to Health Propaganda and Education, I emphasise the value and importance of "Better Health" Hastings Edition, with 2,000 copies, which is issued each month through the schools, infant welfare centres, hospitals and many other agencies.

I have to thank the Council, the Chairmen and Members of Committees, for their continued help and encouragement, and I again acknowledge with gratitude all the good work and loyalty of my staff.

I have the honour to remain,
Mr. Mayor, Ladies and Gentlemen,
Your obedient Servant,
G. R. BRUCE.

CHAIRMEN OF COMMITTEES RESPONSIBLE FOR HEALTH SERVICES.

Public Health Committee—COUNCILLOR MISS A. LILE, J.P.
Sub Sanatorium, etc., Committee—COUNCILLOR MISS A. LILE, J.P.
Maternity and Child Welfare Committee—COUNCILLOR MISS CLINTON-HOLME.
Mental Deficiency Committee—COUNCILLOR DR. JAMESON.
Education Committee—ALDERMAN MORGAN.
Children's Care Sub-Committee—ALDERMAN MITCHELL, M.A., J.P.
Housing Committee—COUNCILLOR BECK.
Public Assistance Committee and Sub-Committees—COUNCILLOR BURDEN.

PUBLIC HEALTH OFFICERS OF THE CORPORATION.

NAME OF OFFICERS.	OFFICES HELD
*G. R. BRUCE, M.A., M.D., D.P.H. ...	Medical Officer of Health; School Medical Officer; Tuberculosis Officer; Superintendent Medical Officer, Borough Sanatorium.
*W. A. D. LAWSON, M.D., D.P.H.	Deputy Medical Officer of Health; Deputy School Medical Officer; etc., etc.
S. J. FIRTH, M.B., M.R.C.S., D.P.H. .	Medical Officer, Hastings Municipal Hospital; Public Vaccinator; Medical Officer (Out Relief), Public Assistance Committee.
*P. LAZARUS-BARLOW, M.D. (CANTAB.)	Bacteriologist; Medical Officer, Venereal Diseases Clinic.
C. CHARNOCK-SMITH, M.R.C.S., L.R.C.P.	Consulting Physician, Municipal Hospital.
E. DRYBROUGH-SMITH, M.D. EDIN., F.R.C.S. EDIN.	Consulting Surgeon, Hastings Municipal Hospital.
F. J. CUTLER, M.R.C.S., L.R.C.P. ...	Medical Officer, (Out Relief), Public Assistance Committee; Public Vaccinator.
F. B. LEWIS, L.R.C.P., L.R.C.S.E., L.F.P.S. GLAS., L.S.A. LOND.	Public Vaccinator; Medical Officer, (Out Relief), Public Assistance Committee.
D. RICHARDSON, L.S.A. ...	Public Vaccinator; Medical Officer, (Out Relief), Public Assistance Committee.
J. S. FARNFIELD, M.R.C.S. ENG., L.R.C.P. LOND.	Medical Officer, Maternity and Child Welfare Clinic.
J. STANLEY, M.B., B.C.H. CANTAB., M.R.C.S., L.R.C.P.	do. do.
G. A. TICEHURST, M.A., M.B., B.C., M.R.C.S., L.R.C.P.	Medical Officer, Maternity and Child Welfare and Ante-Natal Clinic; Consultant under the Puerperal Fever and Puerperal Pyrexia Regulations.
J. WALKER, L.R.C.P. EDIN., L.R.C.S. EDIN.	Medical Officer, Ante-Natal Clinic.

Public Health Officers of the Corporation.

(Continued.)

NAME OF OFFICERS.	OFFICES HELD.
G. H. HOWE, M.B., CH.B. EDIN.	Consultant under the Puerperal Fever and Puerperal Pyrexia Regulations.
*W. D. PENFOLD, L.D.S., R.C.S.ENG.	School Dental Officer.
G. M. NORMAN, F.I.C., A.R.C.S., F.C.S.	Borough Analyst; Official Agricultural Analyst.
P. PERKINS, M.R.C.V.S.	Veterinary Inspector.
E. H. ANDREWS, (a) ...	Sanitary Inspectors; also Inspectors under Shops Acts, Food and Drugs (Adulteration) Act, Housing Acts, Rats and Mice (Destruction) Act, etc.
E. W. JONES, (a) (b) ...	
H. F. VENESS, (c) (b) ...	
G. H. LANCASTER (b) (h) ...	Assistant Sanitary Inspector; Inspector under Shops Acts.
*Miss S. A. MYERS, (d) (e) ...	Health Visitor and School Nurse; Inspector of Midwives.
*Miss T. HARRIS, (a) (d) (e) (f) ...	Health Visitor, and School Nurse.
*Mrs. A. ESHELBY, (d) ...	do. do.
*Miss G. W. HICKSON, (a) (d) (e) (f) ...	do. do.
*Miss M. E. PARKHOUSE, (d)	School Nurse, Clinics.
*Miss A. PARKHOUSE, (d) ...	Health Visitor, Tuberculosis.
Miss F. POLLARD, (d) (g) ...	Matron, Borough Sanatorium.
*C. L. WHEATLEY ...	Chief Clerk.
C. O. PERRING ...	Vaccination Officer.
Miss H. E. CHESHIRE ...	Clerk, Maternity and Child Welfare. Tuberculosis.
H. R. H. ASHLEY ...	Clerk, Sanitary Inspector's Office.
K. N. KIRBY ...	Clerk, General Office.
R. FREEMAN ...	Junior Clerk, General Office.
*Miss G. M. BARKER ...	Senior Clerk, School Medical Service.
*Miss D. G. COOTE ...	Clerk, do. do.
*Miss E. R. GARAWAY ...	Clerk, do. do.
*Miss D. GRAY ...	Clerk, School Dentist.

*Salary contribution under Public Health Acts or by Exchequer Grants.

- (a) Certificate, Royal Sanitary Institute. Inspector of Nuisances.
- (b) do. do. Inspector of Meat and other Foods.
- (c) do. Royal Institute of Public Health. Inspector of Nuisances.
- (d) Fully trained General Nurse.
- (e) Certificate of Central Midwives Board. (C.M.B.)
- (f) Certificate, Maternity and Child Welfare Worker.
- (g) Certificate, Fever Training.
- (h) Certificate of the Royal Sanitary Institute and Sanitary Inspectors Examination Joint Board.

SUMMARY OF GENERAL AND VITAL STATISTICS, 1931.

Area of Borough	...	...	...	...	4,496 acres.
Population, Census 1931	...	...	...	...	65,199
Registrar-General's estimate of resident population, 1931 for the purpose of Vital Statistics	...	...	...	...	61,920
Number of inhabited houses (end of 1931) according to Rate Books	...	...	...	...	16,041
Rateable Value	...	...	...	...	£661,141
Sum represented by a penny rate	...	...	...	...	£2,645
Total. Male. Female.					
Live Births, 1931	{ Legitimate	704	351	353	} = 764
	{ Illegitimate	60	31	29	
Birth Rate, 1931, per 1,000 of the estimated resident population	...	...	...	...	12·3
Still Births	...	...	...	...	30
Rate per 1,000 total (live and stillbirths) births	...	...	...	...	12·8
Deaths, 1931	...	...	...	...	981
Death Rate, 1931, per 1,000 of the estimated resident population	(a) crude	...	...	...	15·84
	(b) corrected	...	...	...	11·39
Deaths from diseases and accidents of pregnancy and child birth	...	...	...	...	
(a) from sepsis	...	...	...	...	Nil
(b) from other causes	...	...	...	...	3
Death rates of infants under one year of age	...	...	...	...	
(a) All infants per 1,000 live births	...	...	...	...	51
(b) legitimate per 1,000 legitimate live births	...	...	...	...	52·6
(c) illegitimate per 1,000 illegitimate live births	...	...	...	...	33·3
Deaths from Measles (all ages)	...	...	...	...	1
„ „ Whooping Cough (all ages)	...	...	...	...	1
„ „ Diarrhoea (under 2 years of age)	...	...	...	...	1

VITAL STATISTICS.

(1) POPULATION.

For the purpose of vital statistics for 1931 the Registrar-General's estimated figure 61,920 for the resident population at mid-year is used. This number is substantially less than the actual census figure on April 1st, 1931, viz., 65,199, consisting of 26,815 males and 38,384 females, the difference of 3,279 persons being presumably the estimated number of visitors in Hastings on the census day, although some allowance should also have been made for absent Hastings residents, who would be enumerated elsewhere. A further point also requires comment. The figure at the 1921 census was 66,495, so that, on the face of it, there was an inter-censal diminution in population of 1,296 persons. The 1921 census was however taken in June, the Registrar-General's figure for the resident population being 59,500. If we accept the Registrar-General's figure of 61,920 as reasonably correct for the resident population in 1931, then the difference between 61,920 and 59,500—2,420 persons—is the real increase in population for the past 10 years, as estimated by the Registrar-General.

(2) BIRTHS.

The net live births registered in Hastings for 1931 were 790, made up as follows:—

	Registered in Borough.	Transferred elsewhere.	Transferred Hastings.	Total.
Males ...	398	24	8	382
Females	392	25	15	382
Total	790	49	23	764

Of the births 60, males 31, and females 29, were illegitimate, a percentage of 7·9.

The birth rate, 12·3 per 1,000 of the population, exactly corresponds to the average for the previous five years. It would appear, therefore, that the fall in the birth-rate, so marked

since the beginning of this century, has been definitely checked. At the same time it should be realised that in 1931, 467 fewer babies were born than in 1900, and also that, in 1931 deaths out-numbered births by 217. In other words, unless a considerable number of fresh residents come to Hastings each year, the population must inevitably fall.

(3) DEATHS.

The total net deaths registered in Hastings in 1931 were 981, of whom 434 were males, 547 females.

Not included were 168 deaths transferred to other districts ; included were 62 deaths of Hastings residents, occurring elsewhere.

Deaths in Public Institutions were 476, 119 being transferred elsewhere.

There were 43 Coroner's inquests.

The crude death-rate per 1,000 of the population is 15·84, which, corrected for the peculiar age and sex constitution of the population by the factor for correction, ·718, gives a death-rate of 11·39 per 1,000.

(4) AGE AT DEATH.

Of the 981 deaths, 39 occurred in infants under one year of age, the infantile mortality being 51 per 1,000 births.

From 1-5 years of age there were 12 deaths ; from 5-20 years 18 deaths ; from 20-45 years 67 deaths ; from 45-65 years 228 deaths ; and over 65 years 617 deaths, or 63 per cent. of the total.

(5) MAIN CAUSES OF DEATH.

Diseases of the circulatory system, cancer, and diseases of the respiratory system, with which is included influenza, were once again responsible for the highest proportion of the deaths. The mortality from infectious diseases, both notifiable and non-notifiable, was slight. The infantile mortality is dealt with in another section.

(a) Diseases of the Circulatory System.

The proportion of the total deaths due to diseases of the heart and arteries amounted to 38·8 per cent. of the total, or 6·1 per 1,000 of the population.

**(1) Analysis of Deaths from Diseases
of the Circulatory System, 1931.**

Deaths from	Total.	Under 45 years.	45-65 years.	Over 65 years.
Heart Disease	230	8	42	180
Cerebral Hæmorrhage	117	3	25	89
Arterio-sclerosis ...	34	—	3	31
Totals	381	11	70	300

**(2) Comparative Analyses, 1925-1931.
Deaths from Diseases of Circulatory System.**

Year.	Total Deaths. Diseases of Circulatory System.	Percentage of Total Deaths.	Death Rate Diseases of Circulatory System, per 1,000
1925	235	26	3·8
1926	289	31·3	4·7
1927	305	31·9	4·9
1928	336	35·7	5·4
1929	343	34·3	5·4
1930	328	36·7	5·2
1931	381	38·8	6·1

(b) Cancer.

The following table shows the comparative mortality since 1910.

1910—1919—yearly average 109 deaths due to cancer.

1920—1924	123	„	„	„
1925—1929	137	„	„	„
1930	114	„	„	„
1931	135	„	„	„

Deaths from Cancer in 1931 according to sex and organ of body affected.

Part affected.	No. of Deaths.		
	Male.	Female.	TOTAL.
Tongue, Lips, Mouth, Throat, or Larynx	2	—	2
Gullet	4	1	5
Stomach	9	8	17
Abdomen, Bowel, etc. ...	21	34	55
Breast	—	23	23
Womb	—	11	11
Sex Glands	2	1	3
Miscellaneous	11	8	19
TOTAL	49	86	135
PERCENTAGE OF TOTAL ...	36·3 per cent.	62·7 per cent.	

The preponderance of female deaths is due mainly to cancer of the womb, breast and abdomen.

Two facts stand out, (a) that the mortality from cancer is steadily increasing, (b) that the number of female deaths is considerably greater than the male. With regard to the latter point, it should be remembered that the female population outnumbers the male by approximately 19 per cent.

Pamphlets dealing with various aspects of the cancer question, diagnosis of early symptoms, importance of early treatment, and the danger of delay, etc., are available at the

Health Department, and issued as opportunity arises. The time is at hand, probably, when the health services of the Corporation may take a more active part in dealing with the cancer problem, by co-operation with local hospitals and facilitating the treatment of suitable cases with radium.

(c) Respiratory Diseases (including Influenza, but excluding Pulmonary Tuberculosis).

The mortality from bronchitis, pneumonia, etc., was 134 or 2.2 per 1,000. This includes 27 deaths due to influenza.

V.S. Table No. 1.

VITAL STATISTICS—WARDS—1931.

Ward.	Estimated Ward Population.	Births.			Birth Rate per 1,000.	Deaths	Death Rate per 1,000 crude.	Deaths under 1 year.	Infantile Mortality.
		M.	F.	Total.					
All Saints	5,175	23	27	50	9.7	78	15.1	2	40
St. Clements	5,805	81	95	176	30.3	72	12.4	6	34
St. Mary's Lower ...	6,302	27	25	52	8.3	99	15.7	—	—
St. Mary's Upper ...	6,564	47	23	70	10.7	92	14.0	6	86
St. Helen's	5,129	73	68	141	27.5	79	15.4	6	43
Holy Trinity	6,403	24	27	51	8.0	110	17.2	6	118
St. Mary Magdalen	6,662	20	24	44	6.8	119	17.9	3	68
St. Peter's	6,114	23	29	52	8.7	87	14.2	4	77
St. Leonard	7,690	36	40	76	9.9	137	17.8	4	53
Silverhill and Hollington	6,076	44	34	78	12.8	108	17.8	7	90
Total	61,920	398	392	790	12.8	981	15.8	44	56
Transfers out... ..	...	24	25	49				7	
Transfers in	...	8	15	23				2	
Total Net	61,920	382	382	764	12.3	981	15.8	39	51

CAUSES OF DEATH.		Net Deaths at the subjoined ages of Residents, whether occurring within or without the District										WARD DISTRIBUTION.										Total Deaths whether of 'Residents' or 'Non-Residents' in Institutions in the District.		
		All ages-year		0 to 14 yrs.	15 to 24 yrs.	25 to 34 yrs.	35 to 44 yrs.	45 to 64 yrs.	65 & up.	St. Mary's Lower	St. Mary's Upper	St. Nicholas	St. Timothy	St. Mary's	St. Peter's	St. Leo	St. Hilary & St. John							
		...	...	...	...	...	...	...																
All Causes	Certified	980	39	4	5	3	9	4	5	38	29	227	617	78	72	99	92	79	110	119	87	137	107	1
...	Uncertified	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Small Pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Scarlet Fever	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	1	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
Diphtheria	...	5	...	...	...	...	3	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Influenza	...	27	...	...	...	...	...	...	...	2	1	8	15	...	...	...	...	...	...	...	...	...	...	...
Encephalitis Lethargica	...	2	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
Meningococcal Meningitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculosis of respiratory system	...	45	...	...	...	...	1	1	...	11	9	20	3	...	...	...	...	...	...	...	...	...	...	...
Other tuberculous diseases	...	5	1	...	...	...	1	...	...	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...
Cancer, Malignant Disease	...	135	...	...	...	...	...	...	...	4	2	48	81	...	...	...	...	...	...	...	...	...	...	...
Rheumatic Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diabetes	...	11	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cerebral Hemorrhage, etc.	...	117	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Heart Disease	...	230	...	...	...	...	...	...	...	1	2	25	89	...	...	...	...	...	...	...	...	...	...	...
Arterio-sclerosis	...	34	...	...	...	...	...	...	...	3	4	42	180	...	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	33	...	...	...	...	...	...	...	...	...	...	31	...	...	...	...	...	...	...	...	...	...	...
Pneumonia (all forms)	...	69	3	...	2	2	1	...	...	5	3	21	31	...	...	...	...	...	...	...	...	...	...	...
Other respiratory diseases...	...	5	1	...	...	...	...	...	...	...	1	1	2	...	...	...	...	...	...	...	...	...	...	...
Ulcer of stomach or duodenum	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diarrhoea, etc. (under 2 years)	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Appendicitis and Typhilitis	...	6	...	...	1	...	...	...	...	...	...	2	3	...	...	...	...	...	...	...	...	...	...	...
Cirrhosis of liver	...	5	...	...	...	...	...	...	...	...	...	2	3	...	...	...	...	...	...	...	...	...	...	...
Acute and Chronic Nephritis	...	31	...	...	...	...	...	...	...	1	1	4	25	...	...	...	...	...	...	...	...	...	...	...
Puerperal Sepsis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other accidents and diseases of pregnancy and parturition	...	3	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Congenital Debility and Malformation, Premature Birth	...	25	25	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Suicide	...	9	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other deaths from violence	...	16	1	...	...	...	2	...	...	2	2	3	4	...	...	...	...	...	...	...	...	...	...	...
Other defined diseases	...	158	6	3	...	...	1	1	1	4	5	30	106	...	...	...	...	...	...	...	...	...	...	...
Causes ill-defined or unknown	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals	...	981	39	4	5	3	9	4	5	38	29	228	617	78	72	99	92	79	110	119	87	137	108	1

V.S. Table No. 3.

DEATH RATES—1900-1931—HASTINGS.

	1900- 1904 average	1905- 1909 average	1910- 1914 average	1915- 1919 average	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931
Number of Deaths ...	909	848	820	914	850	852	869	821	930	879	924	954	941	993	894	981
Death Rate per 1,000 crude	14.0	13.4	13.5	17.7	14.2	14.3	14.6	13.6	15.4	14.5	15.06	15.5	15.0	15.9	14.28	15.84
*Death Rate per 1,000 corrected }	11.8	11.3	11.3	14.7	11.9	12.0	12.2	11.3	12.9	10.4	10.8	11.1	10.8	11.4	10.25	11.39

* Factor for correction 1900-1924—.84.
1925-1931—.718.

V.S. Table No. 4.

BIRTH RATE, DEATH RATE, AND ANALYSIS OF MORTALITY DURING THE YEAR 1931.

Provisional figures for England and Wales compared with those of Hastings.

	Birth rate per 1,000 total Population.		All Causes.	Annual Death-Rate per 1,000 Population.							Rate per 1,000 Live Births		Percentage of Total Deaths.				
	Live Births.	Still Births.		Enteric Fever.	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Violence.	Diarrhea and Enteritis under 2 Years.	Total Deaths under One Year.	Causes of Death certified by Coroner After P.M.	Inquest Cases.	Registered Medical Practitioners.	Causes of Death Uncertified by Coroner After P.M.
England and Wales ...	15.8	0.67	12.3	0.01	0.00	0.08	0.01	0.06	0.07	0.36	0.54	6.0	66	91.18	6.17	1.70	0.95
107 County Boroughs and Great Towns, including London ...	16.0	0.67	12.3	0.00	0.00	0.10	0.01	0.07	0.08	0.33	0.48	8.4	71	91.43	5.84	2.24	0.49
159 Smaller Towns (1921 Adjusted Populations, 20,000—50,000) ...	15.6	0.73	11.3	0.00	0.00	0.07	0.01	0.05	0.05	0.36	0.43	4.0	62	92.17	5.49	1.25	1.09
London ...	15.0	0.50	12.4	0.01	0.00	0.03	0.02	0.07	0.06	0.26	0.57	9.7	65	89.52	6.23	4.24	0.01
Hastings ...	12.3	.5	15.84(a) 11.39(b)	0.00	0.00	0.01	0.01	0.61	0.08	0.43	0.26	1.3	51	99.99	4.4	3.5	0.01

(a) crude death-rate.

(b) corrected death-rate.

INFECTIOUS DISEASES.

(1) NOTIFIABLE INFECTIOUS DISEASES, 1931.

A complete analysis is found in Table No. 4, p. 22.

I.D. Table No. 1.

QUARTERLY INCIDENCE OF SCARLET FEVER, DIPHTHERIA AND ENTERIC FEVER.

	Scarlet Fever.	Diphtheria	Enteric Fever.	Total.
1st Quarter	22	23	1	46
2nd Quarter	17	9	—	26
3rd Quarter	12	8	—	20
4th Quarter	13	25	1	39
Totals	64	65	2	131

Scarlet Fever.

The incidence (64 cases) was low, as compared with that of recent years (92 in 1930, and 189 in 1929), and the cases generally mild and sporadic, without any district or school being unduly affected.

Of the total 51, or 79 per cent. were admitted to the Borough Sanatorium.

The Dick and the Schultz-Charlton tests were used, when necessary, with useful results for diagnostic purposes ; artificial immunisation was not adopted.

Diphtheria.

The notified cases of diphtheria increased from 32, in 1930, to 65, of whom 63 were removed to the Infectious Diseases

Hospital. Figures for 1928 and 1929 were 133 and 99 respectively. As compared with previous years there was an increase in the severity of the type of disease, some of the cases from the North-West quarter of the town towards the end of the year being very virulent indeed. These isolated outcrops of virulent cases of diphtheria are not uncommon phenomena, several having been reported from other districts in recent years.

As foreshadowed in the annual report for 1930, a start was made in 1931 with Schick testing and immunisation against diphtheria, in the children resident in the Municipal Hospital, the Cottage Homes of the Public Assistance Committee, and several Homes supported by charitable organisations, 61 children being immunised. The occurrence of the virulent cases towards the end of the year provided an opportunity of warning parents about the dangers of diphtheria, and offering immunisation to all children over the age of 2 years. The work in connection with this campaign is proceeding and the results will be included in the report for 1932.

Enteric and Paratyphoid Fevers.

Only two notifications were received.

Infectious Diseases of the Central Nervous System.

Two cases of encephalitis lethargica were reported.

Vaccination—Small-Pox.

No cases of small-pox were notified. At the same time the mild type, commented upon in previous reports, still smoulders in London and surrounding suburbs, entailing a constant risk of introduction into health and pleasure resorts, such as Hastings.

The only method of control is early diagnosis of the first cases, with vaccination of all known contacts. The better vaccinated a population, the less risk there is of introduction and spread of this modern small-pox, which, if not dangerous, is decidedly a nuisance.

(2) NON-NOTIFIABLE INFECTIOUS DISEASES.

The town escaped measles in 1931. There was some prevalence of chicken-pox and whooping cough in the spring, which did not necessitate any closure of schools, either departments or classes.

I.D. Table No. 2. VACCINATION RETURNS FROM 1920.

Year.	Births, Central District.	Successful Primary Vaccination.	Conscien- tious Objectors.	Percentage of births vaccinated.
1920—1924 inclusive.	4,042	1,522	2,026	37·6
1925 ...	688	280	348	40·7
1926 ...	661	305	393	44·6
1927 ...	828	315	376	38·0
1928 ...	801	289	466	36·1
1929 ...	791	305	423	38·5
1930 ...	825	302	457	36·6
Totals	4,594	1,796	2,463	39·1

I.D. TABLE NO. 3.

TABLE II. (MINISTRY OF HEALTH).

CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR, 1951.

NOTIFIABLE DISEASES.		NUMBER OF CASES NOTIFIED.															Deaths.*	Total cases removed to Hospital.	WARD DISTRIBUTION.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
		At ages																	All Saints.	St. Clements.	St. Mary's Lower.	St. Mary's Upper.	St. Helen's.	Holy Trinity.	St. Mary Magdalen.	St. Peter's.	St. Leonard.	Silverhill and Hollington.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
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Small Pox	65	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...</

*For Analysis of Deaths See Table No. 2 (Ministry of Health), page 16.

I.D. Table No. 4.**DEATHS FROM THE SEVEN CHIEF EPIDEMIC DISEASES.**

	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931
Smallpox ...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever ...	...	1	...	...	...	2	...	...	...	...	...	1
Diphtheria ...	14	2	1	1	...	...	1	...	2	4	4	5
Enteric Fever ...	5	...	1	...	...	1	...	1	...	1	1	...
Measles ...	6	...	4	4	...	...	8	...	3	1	12	1
Whooping Cough	4	1	...	2	3	1	5	...	4	2	1	1
Diarrhoea (under 2 years)	9	6	3	3	1	1	6	4	2	3	2	1
Totals ...	38	10	9	10	4	5	20	5	11	11	20	9

(3) BOROUGH SANATORIUM FOR INFECTIOUS DISEASES.

In continuation of the established policy another block was brought up-to-date in every respect, in addition to the ordinary repairs and renewals.

Table No. 5 shows the variety of infectious diseases treated, no less than 10 different types being admitted. While beds are safeguarded for the adequate treatment of scarlet fever, diphtheria and enteric fever, from time to time requests are made from the voluntary hospitals, convalescent homes, boarding-houses, or in connection with overcrowded insanitary houses, etc., for the admission of cases of infectious diseases, such as erysipelas, chicken-pox, measles, mumps, etc., which, as far as accommodation will allow, are always admitted.

Of the notified cases of scarlet fever, 79 per cent. were admitted to the sanatorium. Provided proper facilities for isolation and disinfection were available, and there was no danger to the public, *e.g.*, from contact with milk or other food stuffs, no objection was offered to home treatment of scarlet fever.

The usual period of detention in hospital in uncomplicated cases is just over 4 weeks, the average stay in all cases being 40 days in 1931. The use of scarlet fever anti-toxin, in all but the mildest cases, has been an important factor in lessening complications and shortening the period of hospital treatment. There were no return cases.

The probationer nurses received training and attended lectures by the Medical Superintendent and the Matron, in accordance with the requirements of the General Nursing Council, all the nurses presented for examination having passed.

The number of fully equipped beds at the Borough Sanatorium is 70, at the Brede Small-Pox Hospital 20, in both instances several beds being reserved under arrangement for neighbouring urban and rural authorities. I have no doubt any suggestions from the East Sussex County Council, that the Sanatorium should serve a still wider area, would be sympathetically received by the Public Health Committee. For years past, the existing accommodation has never been fully employed, and in any case, a valuable cubicle isolation block could be made out of the existing discharge block, which is never employed as such.

(B) Cases under Treatment in 1931.

I.D. Table No. 6.

Disease.	In Hospital Jan. 1st, 1931.	Ad- mitted 1931.	Died 1931.	Dis- charged 1931.	In Hospital Dec. 31st, 1931.
*Scarlet Fever	8	70	..	75	3
Scarlet Fever and Diphtheria	..	1	..	1	..
Scarlet Fever and Chicken Pox	..	2	..	2	..
*Diphtheria	4	72	4	62	10
Diphtheria and Broncho- Pneumonia	..	1	..	..	1
Typhoid and Para- typhoid Fever	..	2	..	1	1
*Measles	..	4	..	4	..
Meningitis	..	1	1	..	..
Whooping Cough	..	2	..	2	..
Mumps	..	1	..	1	..
Erysipelas	..	1	..	1	..
Chicken Pox	..	4	..	4	..
Totals	12	161	5	153	15

Including Observation Cases.

Cases from surrounding districts, included above:—

Scarlet Fever	...	...	...	...	16 cases.
Diphtheria	...	...	...	...	4 „
Typhoid	...	...	...	...	1 „
Meningitis	...	...	...	...	1 „

Average Stay in Hospital.

Scarlet Fever cases	...	...	...	40 days.
Diphtheria	„	...	...	35 „
Enteric and Paratyphoid Fevers	...	...	...	49 „

Complications, Scarlet Fever.

Complicated by other diseases on admission	6					
Nephritis	...	...	...	.	..	4
Septic fingers and toes			...	...	...	11
Rhinitis	...	...	...	...	...	14
Otitis Media	...	...	...	.	...	7
Rheumatism	...	.	..	...	...	5
Adenitis	...	...	...	...	...	16
Cardiac	...	...	.	...	...	2

TUBERCULOSIS.**(1) VITAL STATISTICS.****(a) Notifications, 1931.**

There was a considerable increase in the notifications of pulmonary tuberculosis in 1931, from 95 to 164, an increase of 54 per cent. (also see table No. 3). The main reason was an instruction by the Ministry of Health that all cases of tuberculosis coming to the town for any considerable stay from other places should be notified, whether previously notified or not in some other district. In certain old standing cases, where the patient was not likely to be permanently resident in the town, notification had previously been omitted. There is no reason to believe that there has been any definite increase in the incidence of the disease.

The notifications of other forms of tuberculosis showed practically no change.

T. Table No. 1.

TUBERCULOSIS, 1931—NOTIFICATIONS.

Age Period.	New Cases.		Deaths.	
	Pulmonary.	Non-Pulmonary.	Pulmonary.	Non-Pulmonary.
0—1 years ...	...	1	...	1
1—5 „ ...	1	9	...	...
5—10 „ ...	4	6	1	1
10—15 „ ...	...	2	1	...
15—20 „ ...	7	1	...	...
20—25 „ ...	20	2	3	1
25—35 „ ...	28	...	8	...
35—45 „ ...	37	3	9	...
45—55 „ ...	29	1	12	...
55—65 „ ...	14	1	8	1
65 upwards ...	6	...	3	1
Totals ...	146	26	45	5
Grand Totals	172		50	

T. Table No. 2.

TUBERCULOSIS, 1931—NOTIFICATIONS FROM
VARIOUS SOURCES.

Category.	Primary Notifications.	New Cases notified other Sources.	Supplemental Notifications.	Totals.
Pulmonary Males ...	79	4	2	85
„ Females ...	62	1	2	65
Non-Pulmonary Males	12	3	...	15
„ Females	11	...	1	12
Totals ...	164	8	5	177

T. Table No. 2a.

CASES OF TUBERCULOSIS ON THE NOTIFICATION REGISTER
ON THE 31ST DECEMBER, 1931.

TOTAL CASES.	PULMONARY.			NON-PULMONARY.		
	Males.	Females.	Total.	Males.	Females.	Total.
586	233	223	456	65	65	130

T. Table No. 3.

TUBERCULOSIS PRIMARY NOTIFICATIONS, FORM A, SINCE 1919.

	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931
Pulmonary	88	74	89	71	81	98	94	76	65	60	82	84	141
Other Forms	7	9	9	9	22	26	39	29	19	18	14	24	23
Totals	95	83	98	80	103	124	133	105	84	78	96	108	164

Relation of Deaths to Notification.

A slight improvement, especially in the group of cases "notified less than three months" before death was noted in 1931. In each case of death without notification the medical practitioner is asked for an explanation, in view of the explicit regulations of the Ministry of Health.

As a result of notification the patient can be helped as regards medical treatment, extra nourishment, etc., while precautions can be taken in connection with disinfection in the interests of the general public.

T. Table No. 4.

RELATION OF DEATHS TO NOTIFICATIONS, 1931.

				Pulmonary	Other Forms.	Total.
Not notified		before death		6	4	10
Notified less than 3 months		" "		11		11
" 3 to 6	"	" "		5		5
" 6 to 12	"	" "		4	1	5
" 1 to 2 years	"	" "		7	...	7
" over 2	"	" "		12	...	12
Totals				45	5	50

(b) Death Rate from Tuberculosis.**T. Table No. 5.**

DEATHS FROM TUBERCULOSIS SINCE 1903.

Year.	No. of deaths Pulmonary Tuberculosis.	No. of deaths Other Forms of Tuberculosis.	Total Deaths.	Death Rate All Forms per 1,000.
1903-04 average	95	27	122	1·8
1905-09 "	84	28	112	1·8
1910-14 "	62	23	85	1·4
1915	56	14	70	1·3
1916	69	28	97	1·9
1917	60	18	78	1·5
1918	88	17	105	2·0
1919	92	16	108	1·8
1920	66	23	89	1·5
1921	70	15	85	1·4
1922	58	19	77	1·3
1923	42	6	48	·79
1924	65	13	78	1·3
1925	71	13	84	1·4
1926	58	14	72	1·18
1927	64	7	71	1·15
1928	52	7	59	·94
1929	41	11	52	·83
1930	44	11	55	·88
1931	45	5	50	·80

The gradual fall in mortality, as shown in the past decade, was maintained in 1931. The death-rate for pulmonary tuberculosis was ·72 per 1,000 of the population, for non-pulmonary, ·08 per 1,000, the lowest rate recorded so far in this town ; for all forms the rate was ·80 per 1,000 of the population.

(2) TUBERCULOSIS HEALTH VISITOR, ETC.

(a) Home Visiting.

Home visits to new cases	...	...	88
" " old "	...	...	1,952
Total visits	...	...	2,040

(b) Articles supplied from the Health Department.

Bottles of Disinfectant	...	...	261
Sputum Mugs and Flasks	...	...	28
Thermometers	...	...	9

(3) TUBERCULOSIS DISPENSARY.

The Tuberculosis Dispensary is in the Out-Patient Department of the Royal East Sussex Hospital, a very satisfactory arrangement, as it brings the Tuberculosis Officer in close touch with all the special departments of the hospital, and also with the wards, where he can see the cases of surgical tuberculosis maintained by the Corporation, and be consulted readily in cases of suspected pulmonary disease.

Tuberculin (B·E·) was used in an increasing number of surgical cases with considerable advantage. For diagnostic purposes the Mantoux intra-cutaneous tuberculin test has been employed and found of distinct value, especially in children. A negative result is also of value in adults, as it practically cuts out tuberculosis in the differential diagnosis.

During the year 193 new cases were seen at the Dispensary, including 34 transferred from other areas or returned to the register. The value of examining contacts is proved by the fact that, among 55 contacts examined, five cases of pulmonary, and one case of non-pulmonary tuberculosis were discovered.

The attendances at the dispensary totalled 1,323.

An increasing use has been made of the X-ray and Dental Departments of the Hospital in connection with the Dispensary.

T. Table No. 6.

RETURN SHOWING THE WORK OF THE TUBERCULOSIS DISPENSARY,
DURING THE YEAR 1931.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.				GRAND TOTAL	
	Adults.		Children.		Adults.		Children.		Adults.		Children.			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
A.—NEW CASES examined during the year (excluding contacts :														
(a) Definitely tuberculous	26	30	1	...	...	3	7	5	26	33	8	5	72	
(b) Diagnosis not complete	...	...	...	...	...	...	...	...	...	...	1	...	1	
(c) Non-tuberculous ...	...	...	...	...	...	...	...	...	4	5	14	9	32	
B.—CONTACTS examined during the year :														
(a) Definitely tuberculous	3	1	1	...	...	...	...	1	3	1	1	1	6	
(b) Diagnosis not completed ...	...	...	...	...	...	...	...	...	1	1	...	...	2	
(c) Non-tuberculous ...	...	...	...	...	...	...	...	...	1	12	21	13	47	
C.—CASES written off the Dispensary Register as :														
(a) Recovered ...	3	1	...	...	...	...	5	4	3	1	5	4	13	
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) ...	...	...	...	...	...	...	...	...	6	33	39	21	99	
D.—NUMBER OF CASES on Dispensary Register on December 31st : —														
(a) Definitely tuberculous	135	97	5	4	11	10	22	20	146	107	27	24	304	
(b) Diagnosis not completed ...	...	...	...	...	...	...	...	...	1	1	1	1	4	

1.	Number of cases on Dispensary Register on January 1st	...	301
2.	Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years	...	34
3.	Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of"	...	43
4.	Cases written off during the year as Dead (all causes)	...	32
5.	Number of attendances at the Dispensary (including Contacts)	...	1,327
6.	Number of Insured Persons under Domiciliary Treatment on the 31st December	...	128
7.	Number of consultations with medical practitioners:—		
	(a) Personal	...	17
	(b) Other	...	35
8.	Number of visits by Tuberculosis Officers to homes (including personal consultations)	...	88
9.	Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes	...	1,115
10.	Number of		
	(a) Specimens of sputum, etc., examined	...	77
	(b) X-ray examinations made in connection with Dispensary work	...	32
11.	Number of "Recovered" cases restored to Dispensary Register, and included in A(a) and A(b) above	...	3
12.	Number of "F.B. plus" cases on Dispensary Register on December 31st	...	141

T. Table No 7.**DISPENSARY ATTENDANCES FOR 1931.**

(1) Insured men	...	...	...	...	263
women	...	...	...	...	156
(2) Non-insured men	...	...	...	...	27
women	...	...	...	...	317
children—					
{ boys	...	...	...	...	282
{ girls	...	...	...	...	166
(3) Ex-military cases	...	.	..	...	116
Total attendances	...	...	...	...	1,327

(4) INSTITUTIONAL TREATMENT, 1931.

No alteration has taken place in the arrangements for institutional treatment, as set out below.

(a) 30 beds at Darvell Hall Sanatorium for pulmonary tuberculosis.

(b) 4 beds at the Royal East Sussex Hospital for surgical tuberculosis.

(c) 21 beds at the Municipal Hospital for emergency or advanced cases.

(d) Beds as required at Chailey Heritage for Cripples, or its seaside home, Bishopstone, for cases of crippling due to tuberculosis.

I record again with pleasure the friendly and most helpful co-ordination which exists between the work carried out at Darvell Hall Sanatorium and the Tuberculosis Dispensary. Patients on their return continue to be most appreciative of their medical treatment, the nursing, the food, the recreational and educational facilities, including a certain amount of craft training, such as carpentry, basket making, etc. Official arrangements have been made for artificial pneumo-thorax treatment to be continued in our cases as long as necessary at the Sanatorium as out-patients. In some cases these refills have been carried out for 3-4 years now in originally active cases with great benefit, to the extent that the patient may now be working and the treatment concluded. The immediate results of sanatorium

and hospital treatment are shown in Table 9. The fact that so many cases are marked non-quiescent does not necessarily condemn sanatorium treatment. All the cases have at the sanatorium received instruction in the hygiene and care of their own case, and in the protection of the public from infection. Many have improved up to a degree, so that under medical supervision the advance of the disease can be delayed for years. Some are able to work again at a remunerative employment, maintaining themselves and their families. At the same time the difficulty of placing the ex-sanatorium tuberculous patient either at his own or any other employment is one which is ever with us. The Village Settlement, while the ideal, is at present somewhat outside the range of practical politics.

The accommodation for cases of tuberculosis at the Municipal Hospital, at present cramped and unsatisfactory both for male and female cases, will be much improved by the erection of the new female block. This will allow a definite ward with verandah and sanitary annexe for female cases, while the male cases will be transferred to a ground floor ward, with access to an open-air annexe, also with separate sanitary annexe. The Municipal Hospital is used, and will continue to be used, for advanced cases, that cannot be nursed at home, for cases arising in casuals, for emergency cases, *e.g.*, Haemoptysis, etc., and for occasional cases sent for diagnosis.

T. Table No. 8.

CASES SENT TO INSTITUTIONS DURING 1931

To Darvell Hall Sanatorium	...	...	...	55
„ Royal East Sussex Hospital	...	...	...	11
„ Papworth Village Settlement	...	...	...	1
„ Hastings Municipal Hospital	...	...	...	1
„ Royal National Orthopædic Hospital	...	...	...	1
				—
Total	...	...	...	69
				—

T. Table No. 9.

**RESULTS OF INSTITUTIONAL TREATMENT IN CASES
DISCHARGED IN 1931.**

	Quiescent.	Not Improved.	Died in Institution.	Total.
Pulmonary :—				
T.B.—	9	9	...	18
T.B.+				
Stage 1	1	6	1	8
Stage 2	1	15	...	16
Stage 3	...	13	3	16
Non-Pulmonary :—				
Bones—Joints ...	2	1	...	3
Glands, etc. ...	2	6	...	8
Totals	15	50	4	69

(5) THE TUBERCULOSIS CARE COMMITTEE.

This excellent voluntary Committee has continued to work in full collaboration with the Public Health Committee on lines fully set out in previous reports.

The following is a summary of a typical week's activities in 1931, excluding grants of clothing and emergency money gifts.

	£	s.	d.
(a) Monetary allowances	17	6	
(b) Fresh milk	1	6	3
(c) Certified Milk	1	4	6
(d) Eggs	12	10	
(e) Butter	13	0	
(f) Maintenance of 1 child in the country	11	3	
(g) Ovaltine	6	0	
(h) Sending out patients' washing ...	5	3	

Total weekly liability ... £5 16 7

**(6) PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS)
REGULATIONS, 1925, & PUBLIC HEALTH ACT, 1925,
SECTION 62.**

It was not necessary to take action under the above during 1931.

MATERNITY & CHILD WELFARE.

(1) VITAL STATISTICS.

(a) Notification of Births Act.

The number of births reported to the Health Department in 1931 was as under :—

<i>Total Births</i> —Notified by midwives	..	...	487
„ „ doctors	...	...	171
„ „ relatives and others			158
Total	..	...	816
<i>Still Births</i> —Notified by midwives	..	...	16
„ „ doctors	...	...	9
„ „ relatives and others	..		9
Total	...	...	34

Percentage of still births to notified births, 4·2.

The number of un-notified births was 43, including 37 live births and 6 still births.

(b) Infantile Mortality in 1931.

Net live births registered	...	...	..	764
Number of deaths of infants under one year	..			39
Infantile Mortality	..	...	...	51
Net illegitimate live births registered	...	...		60
Number of deaths of illegitimate infants under one year	...	...	...	2
Infantile Mortality in illegitimate infants				33·3

(c) Maternal Mortality in 1931.

Deaths from puerperal sepsis	...	...	...	Nil.
------------------------------	-----	-----	-----	------

Deaths from other accidents and diseases of pregnancy	.	...	...	...	...	3
---	---	-----	-----	-----	-----	---

Maternal Mortality, 4·1 per 1,000 births.

The infantile mortality rate, 51 per 1,000 births, is, as usual, definitely below the rate for the country, 66, for 1932. There was a definite increase in the neo-natal mortality, due entirely to that group of causes, comprising congenital debility, prematurity, marasmus, and congenital malformations. Of these deaths 4/5ths occurred in the first two weeks of life, before any visits by the Health Visitor. There was a definite decrease in mortality due to bronchitis and pneumonia, and infant diarrhoea was practically a negligible factor.

The maternal mortality figures 4·1 per 1,000 births approximates the average for the country. In connection with Circular 156 of the Ministry of Health, which dealt with measures to be taken to reduce this distressing mortality, it was found that the Hastings scheme, including Infant Welfare and Ante-Natal Centres, beds for maternity cases, and for cases of Puerperal Fever and Pyrexia, Home Helps, etc., was remarkably complete. The Maternity and Child Welfare Committee has under consideration the question of taking action in the following three directions.

- (a) The provision of consultants for cases of difficult labour.
- (b) The provision of certified midwives in place of uncertified women in special cases.
- (c) The provision of sterilised midwifery outfits.

M. and C.W. Table No. 1.

ANALYSIS OF INFANTILE AND MATERNAL MORTALITY FROM 1900—1931.

Year.	Births.		Maternal Mortality.		Infantile Mortality.		Infant Deaths 0-4 weeks.		Deaths from Diarrhoea and Enteritis.		Deaths from Pneumonia & Bronchitis.		Deaths from Congenital Debility, Prematurity and Atrophy, etc.	
	Births.	Rate.	Deaths.	Rate per 1000 Births.	Deaths under 1 year.	Rate per 1000 Births.	Deaths 0-4 weeks.	Rate per 1000 Births.	Deaths 0-2 years.	Rate per 1000 Births.	Deaths 0-1 year.	Rate per 1000 Births.	Deaths 0-1 year.	Rate per 1000 Births.
1900-04	1231	18.67	7	5.7	137	111	not available	24	19.5	24	19.5	23	18.7	
1905-09	1100	17.4	5	4.5	105	95	38	34.5	15	13.6	16	14.5	19	17.3
1910-14	902	14.9	3	3.3	75	83	26	28.8	13	14.4	11	12.2	28	31.0
1915	809	15.5	3	3.7	79	97	35	43.3	1	1.2	17	21.0	36	44.5
1916	785	15.7	2	2.5	47	60	22	28.0	1	1.4	6	7.6	23	29.3
1917	759	15.1	not available	not available	59	78	not available	not available	6	7.9	not available	not available	25	32.9
1918	838	16.1	1	1.2	60	71	29	34.6	2	2.4	8	9.5	30	35.8
1919	784	13.0	4	5.1	56	71	33	42.1	3	3.8	6	7.7	32	40.8
1920	1146	19.1	3	2.6	59	51	28	24.4	9	7.9	6	5.2	31	27.1
1921	850	14.3	6	7.1	44	52	16	18.8	6	7.1	7	8.2	19	22.4
1922	930	15.6	8	8.6	46	49	32	34.4	3	3.2	4	4.3	29	31.2
1923	834	13.9	6	7.2	36	43	20	23.9	2	2.4	3	3.6	19	23.1
1924	778	12.9	4	5.1	54	69	29	37.3	1	1.3	11	14.1	30	38.6
1925	783	13.0	2	2.6	31	40	10	12.8	1	1.3	9	10.2	10	12.8
1926	770	12.6	1	1.6	49	64	18	23.4	6	7.8	12	15.6	10	13.0
1927	776	12.6	1	1.3	51	66	29	37.4	4	5.2	7	9.0	13	20.6
1928	752	12.0	3	4.0	38	51	17	23.9	2	2.7	8	10.6	13	17.3
1929	762	12.2	1	1.3	27	35	14	18.4	3	3.9	4	5.2	12	15.7
1930	767	12.2	2	2.6	44	57	21	27.4	2	2.6	9	11.7	17	22.2
1931	764	12.3	3	4.1	39	51	25	32.8	1	1.3	3	3.9	26	34.1

averages.

1931. Net Deaths from Stated Causes at various ages under 1 year of age.

CAUSES OF DEATHS.		WARD DISTRIBUTION.											Net Births in / the year		Net deaths in / the year of																
		Under 1 week.	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks.	4 weeks & under 3 months.	3 months and under 6 months.	6 months and under 9 months.	9 months and under 12 mths.	Total deaths under 1 year.	All Saints.					St. Clement.	St. Mary's Lower.	St. Mary's Upper.	St. Helen's.	Holy Trinity.	St. Mary Magdalen.	St. Peter's.	St. Leo- nard.	Silverhill and Hol- mston.						
All Causes.	{ Certified { Uncertified	20	...	1	4	25	6	1	4	3	39	2	6	...	5	7	3	3	4	2	7										
Small Pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...										
Chicken Pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...										
Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...										
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...										
Diphtheria and Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...										
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...										
Diarrhoea	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...										
Enteritis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...										
Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...										
Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...										
Other Tuberculous diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...										
Congenital Malformation	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...										
Premature Birth	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...										
Atrophy, Debility and Marasmus	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...										
Atelectasis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...										
Injury at birth	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...										
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...										
Syphilis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...										
Rickets	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...										
Meningitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...										
Convulsions	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...										
Gastritis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...										
Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...										
Bronchitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...										
Pneumonia (all forms)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...										
Suffocation (overlying)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...										
Other causes	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...										
Totals	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...										
		20	1	4	25	6	1	4	3	39	2	6	5	7	3	3	4	2	7												
												Net Births in / legitimate 704										Net deaths in / legitimate infants 37									
												the year illegitimate 60										the year of illegitimate infants 2									

Net Births in legitimate the year 704
 Net Births in illegitimate the year 60
 Net deaths in legitimate infants the year 37
 Net deaths in illegitimate infants the year 2

(2) INSPECTION OF MIDWIVES AND ADMINISTRATION OF MIDWIVES' ACTS.

The Inspector of Midwives, Miss S. A. Myers, reports for 1931 :—

No. of Midwives on Register—Trained	...	19
Untrained	...	1
	Total	20
No. of visits to Midwives, Inspections	...	80
Special Visits and Interviews	... ..	5
	Total	85

Midwives Notifications (Medical Help) :—

(a) Ante-Natal	... ..	25
(b) Labour	... ..	71
(c) Puerperium	... ..	26
(d) Infant	... ..	29
	Total	151

Other Official Notifications :—

(a) Still-births	... ..	5
(b) Liability to Infection	... ..	1
(c) Death of Mother	... ..	1
(d) Death of Baby	... ..	1
	Total	8

The total number of births notified by midwives was 490.

Ante-natal records are well kept as a rule, the midwives keeping in touch with the ante-natal clinics.

Medical Help forms show an increase of 17 in the ante-natal section, showing the increased care in ante-natal work.

(b) Puerperal Fever and Pyrexia Regulations, 1926.

Under the above regulations the following arrangements were continued.

- (1) Hospital beds at the Royal East Sussex Hospital, 4 cases being admitted during 1931.
- (2) The provision of consultants.
- (3) The provision of nursing by the District Nursing Association in cases treated at home.

- (4) Bacteriological examinations of blood and lochia at the Laboratory of the Royal East Sussex Hospital.

Number of Notifications :—

Puerperal Pyrexia	...	...	...	4
,, Fever	...	...	...	1

(3) THE WORK OF THE HEALTH VISITORS.

Tables (a), (b), (c) and (d) deal fully with the work of the four Health Visitors, who are also employed as district school nurses and female visitors under the Mental Deficiency Acts, and as official Infant Protection Visitors for boarded-out children under the Children's Act of 1908.

The visiting of children suffering from both notifiable and non-notifiable infectious diseases, *e.g.*, pneumonia, whooping-cough, measles, chicken-pox and mumps is an important duty of the Health Visitors.

M. and C.W. Table No. 3.

(a) HOME VISITS (all visits included).

	First Visits.	Secondary Visits.	Total.
I. Babies under 1 year of age ...	718	2328	3046
II. Infants 1-5 years of age ...	3	4581	4584
III. Special Visits ...	284	155	439
IV. Expectant Mothers ...	162	324	486
Totals ...	1167	7388	8555

V. Unsuccessful visits included above ... 842

(b) INFECTIOUS DISEASES (Visits included under (a)).

DISEASE.	Notified.	Visits.		No. Nursed D.N.A.	No. Admitted Hospital.
		No. Visited	Total Visits.		
I. Ophthalmia Neonatorum ...	6	5	8	6	1
II. Pemphigus Neonatorum ...	...	...	...	...	...
III. Puerperal Fever ...	1	...	...	...	1
IV. Puerperal Pyrexia ...	4	...	...	...	4
V. Measles or German Measles ...	...	...	...	...	...
VI. Whooping Cough ...	...	27	27	...	...
VII. Epidemic Diarrhoea ...	...	...	...	...	...
VIII. Poliomyelitis ...	...	...	...	...	...
Totals ...	11	32	35	6	6

(7) DISTRIBUTION OF MILK.

This work is controlled by a special sub-committee, all cases being investigated by the Health Visitors and the Medical Officer of Health in the first instance, the aim being that milk should only be granted to mothers and babies on definite medical grounds.

SUMMARY.

(a) Fresh milk	...	...	...	11,704 pints.
(b) Dried milk	...	...	...	380 lbs.
(c) Individual nursing and expectant mothers and infants receiving milk	...	...	...	252

(8) DENTAL TREATMENT.

Children under school age receive dental treatment at either of the two school clinics, expectant or nursing mothers treatment at the Royal East Sussex Hospital.

9 { ORTHOPÆDIC SCHEME. ULTRA-VIOLET RAY TREATMENT.

See Special Section.

(10) TREATMENT OF TODDLERS.

Children under the age of 5 years, not attending school, may receive treatment at one of the school clinics, 23 children having made 67 attendances in 1931.

VENEREAL DISEASES CLINIC.

Dr. Lazarus-Barlow, Medical Officer, reports as follows :—

“ During the year 1931 there was a marked drop in the number of cases of venereal disease attending the clinic for the first time. This applies to all types of cases : the new cases of syphilis fell from twenty-five in 1930 to fourteen ; those of gonorrhœa from fifty-three to thirty-five ; and the non-venereal diseases from forty-seven to thirty-five. This total is the lowest for many years. The total attendances, however, are almost identical with those of the previous year.

The number of in-patient days was just over double that of 1930, and the number of doses of arsenobenzene compounds given was somewhat less. There was a considerable increase in the number of pathological specimens examined at the laboratory, and the number of specimens sent to approved laboratories was more than doubled. These figures for the examination of specimens are those for the clinic as a whole. That the clinic is well supported by the medical practitioners of the town is shewn by the fact that quite a large proportion of the patients attend on the recommendation of their private practitioner.

Needless to say, complete secrecy is observed in all matters relating to the clinic."

VENEREAL DISEASES CLINIC.

COMPARATIVE STATEMENT OF WORK FOR YEARS 1926-1931.
HASTINGS CASES ONLY.

	1926	1927	1928	1929	1930	1931
Number of new cases suffering from:—						
(a) Syphilis	24	42	21	13	25	14
(b) Soft Chancre	1	1	nil	nil	nil	1
(c) Gonorrhœa	40	54	75	57	53	35
(d) Non-venereal conditions	69	84	111	44	47	35
Total	154	181	207	114	125	85
Total attendances out-patient clinic	4298	3523	5064	5789	4506	4536
In-patient days	35	200	135	172	67	139
Doses of Salvarsan:—						
Out-Patient Clinic... ..	815	698	256	316	445	} 395
In-Patient Department ..	nil	nil	nil	nil	nil	
*Pathological Examinations:—						
(a) Examined by Medical Officer, V.D. Clinic ...	315	359	392	530	503	625
(b) Sent to approved laboratory	415	378	306	331	170	457

*These include all specimens.

**Return relating to all persons who were treated at the
Treatment Centre at Hastings during the year
ended the 31st December, 1931.**

	Syphilis.		Soft Chancre.		Gonorrhœa.		Conditions other than Venereal.		Total.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total
1. Number of cases on 1st January under treatment or observation	32	39	1	...	22	30	...	...	55	69	124
2. Number of cases removed from the register during any previous year which returned during the year under report for treatment or observation of the same infection	...	2	...	...	1	5	...	2	1	9	10
3. Number of cases dealt with for the first time during the year under report (exclusive of cases under Item 4) suffering from:—											
Syphilis, primary	...	...	...	...	...	...	...	...	...	...	...
„ secondary	...	...	...	...	...	...	...	...	...	...	...
„ latent in 1st year of infection	...	1	...	...	...	...	...	...	...	1	1
Syphilis, all later stages	13	3	...	...	...	...	...	...	13	3	16
„ congenital	3	4	...	...	...	...	...	...	3	4	7
Soft Chancre	...	...	1	...	...	...	...	...	1	...	1
Gonorrhœa, 1st year of infection	...	...	...	...	24	15	...	...	24	15	39
Gonorrhœa, later	...	...	...	...	1	7	...	...	1	7	8
Conditions other than venereal	...	...	...	...	...	...	37	15	37	15	52
4. Number of cases dealt with for the first time during the year under report known to have received treatment at other Centres for the same infection	6	1	...	...	4	3	3	...	13	4	17
Totals of Items 1, 2, 3 & 4	54	50	2	...	52	60	40	17	148	127	275
5. Number of cases discharged after completion of treatment and final tests of cure (see Item 15)	5	3	...	...	9	11	40	17	54	31	85
6. Number of cases which ceased to attend before completion of treatment and were, on first attendance, suffering from:—											
Syphilis, primary	1	...	...	...	...	...	...	...	1	...	1
„ secondary	1	1	...	...	...	...	...	...	1	1	2
„ latent in first year of infection	...	...	...	...	...	...	...	...	...	...	...
Syphilis, all later stages	4	3	...	...	...	...	...	...	4	3	7
„ congenital	1	4	...	...	...	...	...	...	1	4	5
Soft Chancre	...	...	1	...	...	...	...	...	1	...	1
Gonorrhœa, 1st year of infection	...	...	...	...	16	8	...	...	16	8	24
Gonorrhœa, later	...	...	...	...	2	9	...	...	2	9	11

	Syphilis		Soft Chancre		Gonorrhoea		Conditions other than Venereal		Totals		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total
7. Number of cases which ceased to attend after completion of treatment but before final tests of cure (see Item 15)	2	1	...	...	1	2	...	...	3	3	6
8. Number of cases transferred to other centres or to institutions, or to care of private practitioners	10	2	...	...	4	8	...	...	14	10	24
9. Number of cases remaining under treatment or observation on 31st December	30	36	1	...	20	22	...	...	51	58	109
Total of Items 5, 6, 7, 8 & 9 (These totals should agree with those of Items 1, 2, 3 and 4)	54	50	2	...	52	60	40	17	148	127	275
10. Number of cases in the following stages of syphilis included in Item 6 which failed to complete one course of treatment :—											
Syphilis, primary	1	...	...	...	...	...	...	...	1	...	1
„ secondary	1	1	...	...	...	...	...	...	1	1	2
„ latent in first year of infection	...	...	...	...	...	...	...	...	...	...	...
Syphilis, all later stages	1	...	...	...	...	...	...	...	1	...	1
„ congenital	...	1	...	...	...	...	...	...	...	1	1
11. Number of attendances :—											
(a) For individual attention of the Medical Officers	674	783	27	...	550	308	109	37	1360	1128	2488
(b) For intermediate treatment, e.g., irrigation, dressing	2	66	28	...	1631	1839	16	...	1677	1905	3582
Total attendances	676	849	55	...	2181	2147	125	37	3037	3033	6070
12. In-patients :—											
(a) Total number of persons admitted for treatment during the year	1	1	1	...	3	4	...	...	5	5	10
(b) Aggregate number of “ in-patient days ” of treatment given	11	4	32	...	80	64	...	...	123	68	191
13. Number of cases of congenital syphilis in Item 3 above classified according to age periods	Under 1 year.		1 and under 5 years.		5 and under 15 years.		15 years and over.		Totals		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
	1	...	...	...	...	2	2	2	3	4	

	Arsenobenzene Compounds.	Mercury.	Bismuth
14. Chel preparations used in treatment of Syphilis:—			
(a) Names of preparations ...	Stabilarsan. Sulphostab. Novarsan.	Hyd c Cret Pil.Hutch.	Bisoxyl.
(b) Total number of injections given (out-patients and in-patients) ...	603		329
(c) Number of injections included in (b) given to patients who on first attendance at this Centre were suffering from primary and secondary syphilis ...	13	...	30
15. Are the tests recommended in Memo. V21 as amended by Memo. V21a followed in deciding as to the discharge of the patient after treatment and observation for syphilis and gonorrhœa?	Yes, practically always.		
If not, in what way are they modified? ...	Sometimes provocative vaccine omitted in cases of Gonorrhœa.		

	Microscopical		Serum Tests		
	Spirochetes	Gonococci	Wassermann	Others for Syphilis	Gonorrhœa
16. PATHOLOGICAL WORK:—					
(a) Number of specimens examined at and by the medical officer of the treatment centre	5	620		...	
(b) Number of specimens from patients attending at the centre sent for examination to an approved laboratory	...	...	393		64

Statement showing the services rendered at the Treatment Centre during the year, classified according to the areas in which the patients resided.

Name of County or County Borough (or Country in the case of persons residing elsewhere than in England and Wales) to be inserted in these headings.	Hastings.	East Sussex.	Bexhill	Other Districts.	Total.
A. Number of cases in Item 3 from each area found to be suffering from:—					
Syphilis ...	14	2	6	2	24
Soft Chancre ...	1				1
Gonorrhœa ...	35	4	7	1	47
Conditions other than venereal ...	35	4	11	2	52
Totals ...	85	10	24	5	124

B. Total number of attendances of all patients residing in each area ...	4536	730	755	49	6070
C. Aggregate number of "In-patient days" of all patients residing in each area ...	139	34	14	4	191
D. Number of doses of arseno-benzene compounds given in the out-patient Clinic and In-patient Department to patients residing in each area ...	395	131	77	...	603

MENTAL DEFICIENCY.

PARTICULARS OF MENTAL DEFECTIVES AS ON 1ST JANUARY, 1932.

(a) "SUBJECT TO BE DEALT WITH" BY THE LOCAL AUTHORITY.

(b) WHO MAY BECOME "SUBJECT TO BE DEALT WITH" BY THE LOCAL AUTHORITY.

Category.		Males.	Females.	Total.
A. NUMBER OF CASES "SUBJECT TO BE DEALT WITH":—				
1. UNDER "ORDER"—				
(a) (1) In Institutions (excluding cases on licence)	Under 16 years of age.	1	1	2
	Aged 16 years and over.	8	25	33
(2) On licence from Institutions	Under 16 years of age.	...	...	...
	Aged 16 years and over.	1	1	2
(b) (1) Under Guardianship (excluding cases on licence)	Under 16 years of age.	4	1	5
	Aged 16 years and over.	11	19	30
(2) On licence from Guardianship	Under 16 years of age.	...	...	...
	Aged 16 years and over.	...	...	...
2. In "places of safety"	Under 16 years of age.	1	...	1
	Aged 16 years and over.	...	1	1
3. Under Statutory Supervision ...	Of whom—	15	15	30
* (a) Attending Occupation Centres ...		3	5	8
* (b) awaiting removal to an Institution		1	...	1
4. Action not yet taken under any one of the above headings—				
(a) Notified by Local Education Authorities (Sec. 2 (2)) ...		1	...	1

* Not included in Totals.

Category.		Males.	Females.	Totals.
(b) Mental Defectives in receipt of Poor Relief:—				
(1) Institutional	(a) In Public Assistance Institutions not approved under Sec. 37	...	...	...
	(b) In Institutions certified under the M. D. Acts including those approved under Sec. 37	...	...	...
	(1) Cases 'placed' under Sec. 3 ..	...	...	...
	(2) Other cases ...	2	5	7
(2) Domiciliary ...		...	...	...
(c) Otherwise "ascertained" ...		1	...	1
B. NUMBER OF CASES WHO MAY BECOME "SUBJECT TO BE DEALT WITH."—				
1. IN INSTITUTIONS OR UNDER GUARDIANSHIP—dealt with under Sec. 3 :—				
(a) In regard to whom the Local Authority contributes under its permissive powers ...		3	...	3
(b) Maintained wholly by parents, relatives or others ...		...	...	...
2. Reported to the Local Authority from any reliable source but as to whom no action has been taken ...		1	3	4
2a. In approved homes—Fees paid by Local Authority ...		1	...	1
3. Under Voluntary Supervision ...		...	3	3
Of whom, attending Occupation Centres ...		...	...	...
Totals ...		50	74	124

DURING THE YEAR, 1931.

1. (a) Number of instances in which Licence was granted during 1931 :—

	M.	F.	T.
(1) From Institutions ...	—	1	1
(2) From Guardianship ...	—	—	—

- (b) Number of instances in which cases on Licence have been returned to Institutions or transferred to Guardianship during the year 1931 :—

	M.	F.	T.
(1) To Institutions ...	—	—	—
(2) To Guardianship ...	—	3	3

2. Cases notified by Local Education Authorities (Section 2 (2)) during the year 1931 :—

	M.	F.	T.
Method of disposal—			
Sent to Institutions (by order)	—	—	—
Placed under Guardianship (by order)	—	—	—
Placed under statutory Super- vision	—	—	—
Placed in " Places of Safety "	1	—	1
Died or Removed from Area	—	—	—
Action not yet taken—			
{ (a) In receipt of Poor Relief	—	—	—
{ (b) Others	1	—	1
Total	<u>2</u>	<u>—</u>	<u>2</u>

3. Of the total number of mental defectives known to the Local Authority :—

(a) Number who have given birth to children during 1931—

(1) After marriage }
(2) While unmarried } Nil.

M. F.

(b) Number who have married during 1931 — 1

The following figures show the steady increase of the work of the Mental Deficiency Committee during the past 10 years :—

On January 1st, 1923	... on books ...	33 cases.
" " " 1924	" " " "	46 "
" " " 1925	" " " "	58 "
" " " 1926	" " " "	74 "
" " " 1927	" " " "	93 "
" " " 1928	" " " "	99 "
" " " 1929	" " " "	98 "
" " " 1930	" " " "	106 "
" " " 1931	" " " "	108 "
" " " 1932	" " " "	124 "

(a) Ascertainment.

The Officers of the Mental Deficiency Committee, *i.e.*, the Health Visitors and the School Attendance Officers, also the Relieving Officers, the Police, the N.S.P.C.C. and other agencies are responsible for bringing fresh cases under the notice of the Committee.

(b) Home Supervision.

All cases left at home whether under guardianship, or statutory or friendly supervision are regularly visited by the officers of the committee, all reports being passed through the hands of the Medical Officer of Health.

(c) Guardianship Cases.

No less than 35 cases are under official guardians, either in this town or under the Brighton Guardianship Society. In some cases guardianship is adopted because a suitable institution is not available ; in others, where the defective is not dangerous, either to himself or to the community at large, guardianship with the advantages of home life and opportunities for training at an Occupation Centre, may be the method of choice.

(d) Institution Cases.

The number of cases remains practically unchanged. Various institutions throughout the country are utilised, but the difficulty of obtaining beds is very great. No further definite action has been taken by the County and County Borough Authorities of this district to establish a common institution.

(e) The Local Government Act, 1929.

Included in the list of defectives in institutions are 7, who are still maintained by the Public Assistance Committee and are not under order.

The Hastings Institution is registered for 12 male and 12 female defectives, a proportion of whom now attend the Occupation Centre. It is a great convenience to be able to use the Institution as a temporary or emergency measure for defectives who fall ill in their own homes, or who require to be removed to "a place of safety."

(f) The Mental Wing—School for Delicate Children.

Only a small proportion of these children are unemployable or need help from the Mental Deficiency Committee on discharge from the school at or about the age of 16. The majority find employment, their interests being safeguarded by a special voluntary After-care Committee.

(g) The Occupation Centre—Halton School Clinic.

This centre deals with about 30 selected defectives under guardianship, voluntary supervision or from the Municipal Hospital. The Centre is under a voluntary committee, and financially supported by the Mental Deficiency Committee. The subjects taught include table manners, games, drill, simple exercises, manual work of various descriptions, reading, writing and singing. In view of the lack of institutional facilities, the Occupation Centre, which deals with the lower grades of defectives, who are quite incapable of working at any remunerative occupation, fills a very necessary place in the general scheme.

(h) The Mental Treatment Act, 1930.

Careful consideration was given at an early stage to the main indications for useful action under this Act. It was decided to inaugurate a clinic for mental disorders at the Royal East Sussex Hospital, the clinic being actually opened on September 2nd, 1931, under a Medical Officer from the East Sussex Mental Hospital and being held once a week.

During the first four months of its existence, 27 patients have paid 35 visits, the types of cases seen being :—

Mental defectives	...	...	...	...	3
Neurasthenia	..	...	...	...	8
Neuro-syphilis	...	...	...	...	2
Gross Mental Disorder	...	...	...	...	6
Convalescents	...	...	...	...	4
Hysteria and Phobia cases	...	...	...	...	2
Epileptics	...	...	...	...	1
Neurological	...	...	...	...	1
Total					27

The medical men of the town have been invited to send suitable cases where mental disorder is suspected, and every possible help is given by the physician in charge of the clinic in the elucidation of the case, both in diagnosis and treatment. The Mental Treatment Visiting Committee consider the results so far quite satisfactory, and an encouragement to go forward on the lines recommended under the Act.

The question of extending the services of the social worker, so that she can visit the homes of all patients, attending the Centre or going into the Mental Hospital, is under consideration.

Beds for voluntary patients, as defined by the act, are available at the East Sussex Mental Hospital, should the full complement of beds for certified cases not be required, so far 4 voluntary cases having been admitted under the scheme.

SCHOOL MEDICAL SERVICE.

Summary of Year's Work.

(a) Routine medical examination of 1,896 children in the elementary schools, 68 girls in the High School, and 92 children in the St. Leonards School for Delicate Children, 25 children in the Hastings School for Delicate Children, and 334 boys in the Grammar School.

(b) Medical examination and treatment, where necessary, at the two school clinics of 2,317 children, who made 10,879 attendances.

(c) 8,522 re-inspections by the Medical Officer at the schools and clinics.

(d) Examination by refraction of 340 cases of defective vision, 282 children being supplied with spectacles under the Authority's scheme.

(e) Operative treatment of 162 cases of enlarged tonsils or adenoids or of both conditions at the local hospitals.

(f) 2,279 cases of minor ailments treated at the two clinics.

(g) Provision of simple treatments, *e.g.*, lotions, ointments, dressings and nutritive drugs, the total issues being 7,584.

(h) Dental inspection by the School Dentist of 5,134 children, 1,262 being actually treated during the year.

(i) Cleanliness inspections at the schools by the School Nurses, of 16,803 children inspected 590 being found defective in varying degrees and 14 cleansed at the public station.

(j) Control of infectious disease, with numerous visits by the staff to the schools and homes, the total exclusions being 480, total home visits 1,498.

(k) A complete orthopædic scheme for the treatment of crippling. (See special chapter).

(l) Medical supervision of the children at the Hastings and St. Leonards Schools for Delicate Children, the latter with two wings, one for the mentally retarded, the other "Open-Air." (See special note).

(n) Special investigations as to permanence of results obtained at the Open Air Schools and the correlation of hypertrophied tonsils and adenoids with mental retardation.

1. STAFF.

See "Staff of the Health Department," p. 8.

2. CO-ORDINATION WITH WORK OF OTHER HEALTH SERVICES.

- (a) **Infant and Child Welfare.**
- (b) **Nursery Schools.**
- (c) **Debilitated Children under School Age.**

See previous Reports.

This matter was very fully dealt with in the report for 1931, the various suggestions having now been carried into effect, *e.g.* :—

(a) Additional chairs and tables have been provided as recommended in the babies' class-rooms.

(b) Additional rests and blankets have been supplied for children under 5, and arrangements have been made for disinfection of blankets, rugs, etc., each school vacation.

(c) Practically all the infant schools have arrangements for the supply of warm milk in bottles at a cost of 1d. each child. Where the family income comes below a certain scale this milk can be provided free on the certificate of the School Medical Officer.

(d) The school clinics are available for children under the ages of 5, not at school, on the written certificate of the Medical Officer of an Infant Welfare Centre or a Health Visitor.

3. SCHOOL HYGIENE.

(a) Accommodation and attendances for the quarter ending December 31st, 1931 :—

Total accommodation	...	...	9,063
Average number on registers	...	...	6,563
Average attendance	...	...	6,036
Percentage of attendance	...	...	91·9
Average attendance for 1931	...	...	5,917
Average attendance for 1930	...	...	5,766
Percentage of elementary school children on register to total population	...	...	10·09

The total number on the registers of the elementary schools on 31st December, 1931, shows an increase of 140 as compared with the figures of last year, showing that the tide of falling school numbers, due to the lowered birth rate, has now been definitely checked (see birth rate statistics, p. 36).

(b) A substantial amount of repairs, decorations, etc., was carried out during the year, at an estimated cost of about £2,500. Special attention was given to West St. Leonards Infants School where, amongst other improvements, the old-fashioned obstructive platforms were removed and replaced by a plain wood block floor. It is fully realised, however, that the older schools are badly planned and in many respects unsatisfactory, especially in respect of cloak room accommodation, natural lighting, ventilation and general hygiene. When economic circumstances permit, a report dealing with the whole matter in all its bearings will be presented.

At Hollington Infants School three pleasant and attractive classrooms have been added, the opening arrangement of the windows being especially good.

(c) Mid-day Meals informally served in Schools.

The head-teachers continue to give all possible facilities where necessary for children to have a midday meal at school, the arrangements being practically on the same lines as fully set out in previous reports.

4. MEDICAL INSPECTION. ELEMENTARY SCHOOLS.

(a) Age Groups of Children Inspected.

The total number of children examined at routine medical inspection in the elementary schools was 1,896, viz.: 637 entrants, 639 intermediates, and 620 leavers. In addition, 1,438 children, discovered at the initial inspection with defects requiring observation or treatment, were re-inspected.

(b) Schedule of Medical Inspection.

The schedule comprises all the headings required by the Board of Education and has been in use for several years.

Every effort is made by the School Medical Service staff to avoid disturbance of the routine of the school time table. Some of the schools suffer from lack of a satisfactory medical inspection room, a facility which all new schools should possess.

**5. { FINDINGS OF MEDICAL INSPECTION.
MEDICAL TREATMENT.**

Dr. Lawson, Deputy Medical Officer of Health, reports as follows :—

“(a) Uncleanliness.

Table IV., Group 5. Uncleanliness and Verminous Conditions.

1.	Average number of visits per school made during the year by the school nurses	...	10
2.	Total number of examinations of children in the schools by school nurses	... ..	16,803
3.	Number of individual children found unclean		590
4.	Number of children cleansed under arrangements made by the Local Education Authority	... ..	14
5.	Number of cases in which legal proceedings were taken :—		
	(a) Under the Education Act, 1921	...	Nil.
	(b) Under School Attendance Bye-laws...		Nil.

The very dirty child is rare in Hastings. An occasional case is encountered from the poorer areas of the Old Town and Ore Village. 11 children were sent for cleansing to the Rock-a-Nore Disinfecting Station, less than 1 in 1,000 children examined.

(b) Minor Ailments, including Skin Diseases.

(1) Ringworm.

(a) Head.

Seven cases of ringworm of the head were diagnosed and received treatment with strong iodine. Only one of these was discovered at routine medical inspection. Resort to X-Rays has not been necessary but the Kromayer lamp for diagnostic purposes (especially as to absolute cure) has proved useful.

(b) Body.

Sixteen cases diagnosed all did satisfactorily.

(2) Scabies.

Eighteen cases were reported or discovered. All were thoroughly treated and final disinfection of clothes and bedding carried out.

(3) Impetigo Contagiosa.

265 cases (34 less than in 1930) were diagnosed. Only 12 were originally discovered at routine medical inspection which means that the majority seek, or are sent by the teachers for, treatment, so that neglect is not common.

Gentian violet ointment was given almost invariably and appears an improvement over Ung. Hydrag. Ammon previously used. The sore dries up more quickly and the discharge under the scabs is less. The brilliant purple staining on the face is sometimes objected to, especially by girls. Perhaps the moral stimulus to the patient to concentrate on a cure more than outweighs this objection.

The treatment of impetigo depends largely on the parent removing all scabs before fresh application of any medicament is applied. If this is done thoroughly a lotion such as calomine is probably preferable to any greasy substance. Where treatment was energetic the most refractory cases healed in a short space of time.

Gentian violet ointment was also used on dressings for burns with very satisfactory results.

(4) **Other Diseases of the Skin, etc.**

Miscellaneous conditions, minor injuries, septic sores, abscesses, boils, altogether 811 in number, received attention.

Alopecia Areata is treated by ultra-violet rays given to the extent of producing pronounced erythema, the results being almost invariably satisfactory in the opinion of the Medical Officer in charge of the Light Department.

(c) **Tonsils and Adenoids.**

A comparison of the year's figures with those of 1930 shows that a more conservative attitude has been adopted. Though 937 children were noted as having some degree of hypertrophy either at routine inspection or special examination, only 217 were ultimately advised to have the operation. The decision for operation is made on the amount of hypertrophy, the degree of obstruction and the presence of sepsis or associated aural trouble. Age is also taken into account, especially in contemplating tonsilectomy, for what constitutes hypertrophy of the tonsils at 10 or 11 years may be considered normal in a child of 4 or 5. Where adenoids cause any marked obstruction their removal is always advised. In moderate cases much good is accomplished by a simple nasal douche, using a glass douche of the Birmingham pattern and a simple alkaline solution, combined with breathing exercises to break the mouth breathing habit. Nasal catarrh is thus often cleared up most successfully. After operation all children are instructed in special breathing habits. Children other than post-operative cases who are reported or found to be mouth breathers are included in these classes.

Removal of tonsils by dissection gives the most satisfactory results. The danger of recurrence due to residual tags left at the operation is entirely obviated.

INVESTIGATION INTO THE EFFECTS OF TONSILS AND ADENOIDS ON THE MENTAL INTELLIGENCE.

About 40 unselected children with definite hypertrophy of either tonsils or adenoids, usually both, were subjected to a Binet Simon test according to the standard revision and the intelligence quotient estimated.

After a lapse of at least six months following an operation for the removal, a second test was performed in 18 cases so far; the others are awaiting tests when due.

In all cases there was definite hypertrophy such as the general consensus of medical opinion deems better treated surgically. Adenoids were digitally palpated before and after the operation. Since the cases were entirely unselected the degree of hypertrophy sepsis, etc., varied considerably.

The results so far obtained :—

No. Cases.	Result.
7	10-20% or more improvement.
5	5-10% „
3	1- 5% „
3	1, 3, and 11·9% worse

There is reason to believe that one child which showed 22% improvement, did not do himself justice at the first test. The two children, with an I. Q. of 1% and 3% less respectively at the second test, were found to have adenoids still present though the tonsilar beds were clean. The child with an I. Q. of 11·9% less at the second test had a catarrhal cold and a tonsilar tag quite hypertrophied on one side. Palpation for adenoids was refused. This child had an original high I. Q. of 127·4%.

CONCLUSION.

Where there is hypertrophied tonsilar and adenoid tissue present removal of such does result in a brightening of the general intelligence. Though in the investigation no special attention was given to physical improvement, in most cases parents voluntarily stated this to have taken place.

(d) Tuberculosis.

The Mantoux Test promises to prove most useful in the diagnosis of suspected tuberculosis in childhood, and is being used on the lines suggested by Dr. P. D'Arcy Hart's recent report on the "Value of Tuberculin Tests in Man."

There is complete co-operation between the School Medical Service and the Tuberculosis Clinic in connection with actual or suspected cases of tuberculosis.

(e) **External Eye Disease.**

One or two very refractory cases of blepharitis were encountered during the year, and general exposure to ultra-violet ray treatment was resorted to in these cases and for chronic phlyctenular ulcers.

(f) **Defective Vision.**

During 1931, 345 cases of defective vision or squint or both required investigation by refraction.

Parents and others responsible should realise that it is never too early to seek advice regarding squint. Often the doctor in charge of the Infant Welfare Centre may be able to reassure them in transient cases. If, however, the squint is more constant, and the child, say under eighteen months, is too young to wear glasses, a determined attempt to cover completely the straight eye, and compel the use of the deviating one, should be made. Where this is not tolerated, atropine can be used. If this succeeds in bringing the eye straight within six weeks, vision is trained by alternate use of the eyes for a month at a time, and a refraction performed later. Amongst the school children the co-operation of teachers in getting the children to exercise their squinting eyes has been enlisted. As a final resort, and usually for cosmetic reasons rather than functional results, operation is available, by arrangement with the ophthalmic department of the Royal East Sussex Hospital.

(g) **Ear Diseases and Hearing.**

Chronic otorrhoea is the most frequent ear trouble met with at the School Clinics. As this condition usually clears up with hydrogen peroxide and dry swabbing, it has not been necessary to resort to ionisation treatment."

(h) **Dental Treatment.**

Mr. W. D. Penfold, School Dental Surgeon, reports:—"Comparison of the report for 1931 with that of the previous year, brings some interesting points to view with regard to the dental department.

As a result of inspections at the schools, it was found that 58.26% of the children required dental treatment as against 76.32% the previous year. This suggests that something is being achieved

by the dental service, in that the dental health of the children has improved by 18% in twelve months. Then again, of those referred for treatment, 42.94% received treatment as against 31.12% in 1930. This is a move in the right direction indicating that the prejudices of the parents are being slowly overcome, and that we may expect, in time, dental treatment will be accepted as a matter of course.

The average attendance per session was increased in 1931. Work on Saturdays and during school holidays brings this average down very considerably, since children do not appreciate attending the clinics for dental treatment whilst on holiday, when, in fact, it is considered a good return to see 50% of those for whom appointments have been made. Rather more fillings were completed in permanent teeth, and considerably fewer teeth were extracted, an improvement as regards conservative work. The large increase in the number under the heading, "Other operations," is probably the result of the attendances for treatment of many who have hitherto neglected their teeth, which are consequently found to be too bad to fill at one sitting. This has necessitated the insertion of dressings, which are included in "Other operations."

A very interesting and instructive demonstration was given by a representative of the dental board to the children of all senior schools and at some of the Welfare Centres. It is a great pity that time did not permit more of the younger children to attend. The presence of decay in the permanent teeth is very largely due to the lack of attention to the temporary teeth. The most critical years are between the ages of 6 and 9, when the permanent teeth are replacing the temporary ones. If the latter have been kept in good condition, then their successors must have a better chance than when erupting in a mouth full of decayed and septic teeth. It is the parents of children of 5 years of age, therefore, who need the advice and who would derive most benefit from demonstrations and talks, enabling them to have their children's mouths prepared for the coming of the permanent teeth. I would venture to suggest, that, if it be possible to arrange another demonstration in the future, it should be these children (and their parents, if possible) who should be invited to attend."

6. INFECTIOUS DISEASE.

See Infectious Diseases p. 22 for particulars. As already described, in view of the occurrence of a number of cases of a virulent toxic form of diphtheria, it was decided to launch an immunisation campaign.

In this connection Dr. Lawson reports :—" Parents and others should remember that :—

- (1) It is never too early to immunise against this deadly disease. Six months is a very suitable age.
- (2) Diphtheria is more serious in the pre school child and infant.
- (3) Immunisation is free from risk of any ill effects.
- (4) Immunisation is effective, and does protect in practically 100% of cases, if a few weeks or months are allowed for the change in the patient's blood to become established.

There were no serious effects whatever following any of the injections. It is hoped to carry on the work of immunisations to a much greater extent in the near future.

In view of reports from various sources of the variability of the results of the Schick Test reaction in the same individual prior to active immunisation, it is contemplated repeating the test after six months in all the children originally tested and proving negative. Should any who gave a negative reaction prove positive reactors at a later date, this will show the necessity of immunising all children, irrespective of their Schick reactivity and in fact this test may then be dispensed with on the first occasion in the older as well as the younger ones."

The 1930 epidemic of measles seems to have attacked most of the susceptibles, for there was no fresh outbreak in epidemic form in 1931.

Whooping cough, not of a serious variety, however, visited the town during the winter.

Scarlet Fever was of slight intensity both as regards numbers and types of cases.

Non-notifiable Infectious Disease.

REPORTED BY HEAD TEACHERS, SCHOOL NURSES AND
SCHOOL ATTENDANCE OFFICERS.

Measles	...	...	...	...	5
German Measles	...	...	...	...	nil.
Whooping-cough	...	...	...	...	104
Chicken-pox	...	...	...	...	198
Mumps	...	...	...	...	1
Scabies	...	...	...	...	3
Ringworm of Head	...	...	...	...	nil.
Ringworm of Body	...	...	...	...	nil.
					311

Exclusions from School.

180 children were excluded from school by the School Medical Officer for the following diseases:—

1.	Infectious Diseases (including Rheumatism and Influenza)	...	...	...	...	16
2.	Diseases of the Skin (including Ringworm)	...	...	...	...	169
3.	Inflammatory conditions of the Throat, Tonsils and Enlarged Glands	...	...	...	...	79
4.	Nervous Conditions, including Chorea, Epilepsy, etc.	...	...	...	...	6
5.	Diseases of the Digestive System	...	...	...	...	7
6.	Bronchial Catarrh and Colds, etc.	...	...	...	...	98
7.	Heart Disease	...	...	...	...	3
8.	Injuries	...	...	...	...	12
9.	Diseases of the Ear	...	...	...	...	10
10.	Diseases of the Eye	...	...	...	...	16
*11.	Tuberculosis (definite or suspected)	...	...	...	...	1
12.	Other Diseases	...	...	...	...	63
Total						480

*This does not include children excluded by the Tuberculosis Medical Officer.

The following certificates were given for schools in which the attendance fell below 60% under Grant Regulations 8 and 9.

Influenza	...	...	...	...	1 certificate.
Chicken-Pox	...	...	...	...	5 certificates.

7. FOLLOWING UP. WORK OF SCHOOL NURSES.

Number of Schools (including Special School and Open Air Schools)	24
Visits of Nurses to Schools	232
" " „ Departments	258
Visits to Homes :—	
By direct instruction of School Medical Officer	322
At request of School Attendance Officer ...	360
Following up cases of uncleanness ...	275
General cases, following up	541
School Visits—miscellaneous	368
Total	1,866

Examinations for cleanliness :—

Primary	13,770
Secondary	3,033
Total	16,803

8. PHYSICAL TRAINING.

Instruction in physical training is carried out in the schools by the class teachers, many of whom have attended special courses.

The Games Mistress at the High School for Girls has been of great assistance in giving special attention to those pupils of the High School with orthopædic defects. Similarly, Staff-Sergt. Moss has been helpful in giving special attention to the boys of the Grammar School where it was required.

ORTHOPÆDIC WORK.

Dr. Lawson reports :— “At routine medical inspection a sharp lookout is kept for orthopædic defects. The commonest of these are kyphosis (backward spinal curvature), scoliosis (lateral curvature), dropped or high shoulder, flat feet, and occasionally wry neck. Ricketty deformities are met with at an earlier age, and the more usual age to find the static deformities above mentioned is in the leavers group and amongst the children of the schools for higher education.

Where the defect is slight, instruction and advice as to exercises is given, and the teachers are asked to co-operate, as far as their own duties will permit. Usually the teachers are most willing and even anxious to do all they can.

The size of desks and sitting attitude and-eye sight are all considered. The children are kept under medical observation every few months. Where no improvement is found or aggravation occurs, the children are referred to the Orthopædic Clinic."

9. PROVISION OF MEALS.

(a) Dinners for necessitous children were provided from January 12th to April 1st, 1931, the numbers in attendance varying from 303 to 376.

The restaurants were supervised and visited regularly by the school medical staff, the school attendance officers and teachers. The quality and quantity of the dinners were excellent.

(b) In addition to the dinners, lunch milk was provided throughout the year to 26-54 children, specially chosen by the School Medical Officer, owing to their physical condition, e.g., children suffering from debility, anemia, non-infectious tuberculous glands.

Careful notes have been kept of the weights, heights and general medical condition of these children.

10. SCHOOL BATHS.

Baths are not available at any of the elementary schools, but are provided at the School for Delicate Children, St. Leonards, and for cases of uncleanness, scabies, etc., specially referred at the Disinfecting Station at Rock-a-Nore.

- 11. CO-OPERATION OF PARENTS.**
- 12. CO-OPERATION OF TEACHERS.**
- 13. CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.**
- 14. CO-OPERATION OF VOLUNTARY BODIES.**

At routine medical inspection the attendance of parents was 72·7 per cent ; refusals to permit examination were 3·9 per cent.

Some parents still act under a misapprehension of the meaning and purpose of routine medical inspection. This is clearly

shown by the wording of the notes they sent. It should be understood that routine medical inspection helps the child in good health by discovering any early manifestation of physical or mental abnormality, while it is still early enough to correct it. By refusal to accept this service, parents render themselves liable to lose other benefits of the School Medical Service.

15. BLIND, DEAF, DEFECTIVE & EPILEPTIC CHILDREN.

See Table III.—p. 84 for numbers ascertained.

(a) Ascertainment and Treatment.

The special register has been kept up-to-date throughout the year.

With regard to cases classed as tuberculous on the register, as many of the non-infectious cases as possible, between the ages of 5 and 9, are being educated at the two open-air schools.

In the case of children suffering from rickets, rheumatism, heart disease, general debility and crippling defects, as much use as possible is made of the open-air schools. Where treatment is indicated, every endeavour is made to obtain such, through the private practitioner, one of the hospitals, the orthopædic clinic or the school clinic.

(b) Mentally Defective Children—not in a Special School.

(a) THE DULL AND BACKWARD GROUP.

No official provision has been made for these children, of whom a considerable number have been reported to the Secretary to the Education Committee, two or three or even four years educationally behind, in the junior and senior schools, but where the special school is not indicated. The educational side of the question is receiving the attention of your secretary, while medical defects found in these children have been referred to the school Medical Officer for appropriate treatment.

(b) THE LOW GRADE IMBECILE GROUP.

These children are, of course, excluded from elementary schools, and referred for supervision to the Mental Deficiency Committee, and, where indicated, receive such instruction as they can assimilate at the occupation centre (see section on Mental Deficiency).

(c) **The Schools for Delicate Children.****St. Leonards School.**(a) **The Mental Side.**

This side was previously known as the Special School for Mentally Defective Children. The number on the roll, during the past year, varied from 67-69, the type being those more backward educationally than the dull and backward group mentioned above, with, in some instances, definite stigmata of mental defect. The percentage of medical defects found was again rather high—44·1 per cent. Great care is taken with regard to the physical care of these children and in the treatment of all medical defects, tonsils, adenoids, defective vision, dental cases, and minor deformities. Hot baths are available, and an excellent mid-day meal is provided at the school. With two exceptions, all the children gained weight during the year, the average gain being $7\frac{1}{2}$ lbs, while 18 children gained between 10 and 21 lbs.

The Head Mistress, Miss Pain, reports :—

(a) Children admitted 1931,

Boys	...	...	7
Girls	...	...	8
Total			15

(b) Children discharged 1931,

Returned to normal school	...	3
Discharged, no longer M. D.	...	3
Placed under After Care Committee	... ..	1
Placed under M. D. C.	... ..	3
Removed from town	... ..	1
Discharged as detrimental	... ..	1
Discharged - no longer capable of receiving benefit	... ..	1
		13

AFTER CARE COMMITTEE, REPORT FOR YEAR 1931.

Four meetings were held during the year.

51 pupils who have left school and gone to situations have been visited.

Reports show

2 persistent cases of unemployment.

3 married during the year.

None in any serious trouble.

The remaining 46 were in employment although a few changed employment rather more frequently than could be desired.

(b) The Open Air School—St. Leonards.

A full description of this school, opened in 1930, for 26-30 delicate children between the ages of 5-9 years, was given in the report for 1930.

During 1931 17 children were discharged as fit to re-enter an ordinary elementary school, while 13 children were admitted—the reasons for admission being:—

Malnutrition	...	...	...	...	...	1
Debility	...	...	...	...	...	5
Bronchitis and Asthma			...	...	...	3
Anæmia	...	...	...	...	...	1
Cardiac	...	...	...	...	...	1
Pre-tuberculous		...	...	...	...	1
Tuberculous Glands			...	...	...	1
Total						13

All the children have gained weight during the year, the average gain being $3\frac{1}{2}$ lbs., notable improvement being found in the physical condition of practically every case at the regular medical inspections. In order that the improvement might be stabilised, a policy is pursued of leaving children as long as possible at the open air schools, provided places are not urgently required for more pressing cases.

The Hastings School for Delicate Children.

The average number on the roll has been 25-28 during the year, 19 children being admitted and 17 discharged as fit to attend ordinary elementary schools.

The reasons for admission were :—

Tuberculous Glands	...	...	...	...	2
Pre-tuberculous	...	...	...	...	2
Chronic Bronchitis	...	...	...	...	2
Anæmia	...	...	...	...	3
Cardiac	...	...	...	...	2
Debility	...	...	...	...	4
Infantile Paralysis	...	...	...	...	2
Total	...	...	...	...	17

The remarks made as regards the excellent results achieved at the St. Leonards Open Air School can be exactly repeated in reference to the children discharged from this school. Further, we know from special examinations made, that these children have a much better chance to make good both at school and later.

I wish again to emphasise the excellent work, both educational and from the view point of the school medical service, being carried on by the head-mistresses of these two schools for delicate children.

16. NURSERY SCHOOLS.

Since infant departments are prepared to accept children over 3 years of age there is no immediate necessity for other provision.

The St. Leonards School for Delicate Children.

SPECIAL SCHOOL SIDE.

(A) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1931.

DEFECT OR DISEASE.	Referred for Treatment.	Referred for Observation.
MALNUTRITION	...	3
SKIN :—		
Ringworm, Scalp	...	...
Ringworm, Body	...	...
Scabies	...	...
Impetigo	...	...
Other Skin Diseases(Non-Tuberculous)	...	...

DEFECT OR DISEASE.	Referred for Treatment.	Referred for Observation.
EYE :—		
Blepharitis	...	...
Conjunctivitis	...	...
Keratitis	...	...
Corneal Opacities	...	...
Defective Vision (excluding squint) ...	14	2
Squint	2	1
Other conditions	...	...
EAR :—		
Defective Hearing	6	...
Otitis Media	...	...
Other Ear Diseases	...	...
NOSE AND THROAT :—		
Enlarged Tonsils only	1	5
Adenoids only	...	...
Enlarged Tonsils and Adenoids ...	4	2
Other Conditions	...	...
Enlarged Cervical Glands (Non-Tuber- culous	...	...
Defective Speech	...	1
Teeth—Dental Diseases	37	...
HEART AND CIRCULATION :—		
Heart Disease—		
Organic	...	2
Functional	...	1
Anæmia	1	1
LUNGS :—		
Bronchitis	...	1
Other Non-Tubercular Diseases ...	...	...
TUBERCULOSIS :—		
Pulmonary—		
Definite	...	...
Suspected	...	...
Non-Pulmonary—		
Glands	...	...
Spine	...	...
Hip	...	...
Other Bones and Joints	...	...
Skin	...	...
Other Forms	...	...
NERVOUS SYSTEM :—		
Epilepsy	...	...
Chorea	...	...
Other Conditions	...	...
DEFORMITIES :—		
Rickets	...	...
Spinal Curvature	...	...
Other Forms	5	2
Other Defects and Diseases	2	...

**(B) NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE
MEDICAL INSPECTION TO REQUIRE TREATMENT
(EXCLUDING UNCLEANLINESS AND DENTAL TREATMENT).**

Group.	Number of Children.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
Special School	68	50	44.1%

St. Leonards School for Delicate Children.

OPEN AIR SCHOOL SIDE.

**(A) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN
THE YEAR ENDED 31ST DECEMBER, 1931.**

DEFECT OR DISEASE.	Referred for Treatment.	Referred for Observation.
MALNUTRITION	—	2
SKIN :—		
Ringworm, Scalp		...
Ringworm, Body		..
Scabies		.
Impetigo		...
Other Diseases (Non-Tuberculous) ...		...
EYE :—		
Blepharitis		
Conjunctivitis	..	
Keratitis	...	
Corneal Opacities		...
Defective Vision (excluding Squint)..	3	...
Squint	1	
Other Conditions	...	
EAR :—		
Defective Hearing	1	
Otitis Media		
Other Ear Diseases	...	...
NOSE AND THROAT :—		
Enlarged Tonsils only	...	3
Adenoids only		...
Enlarged Tonsils and Adenoids ...	3	...
Other Conditions	.	..
Enlarged Cervical Glands (Non-Tuberculous)		4
Defective Speech		

DEFECT OR DISEASE.	Referred for Treatment.	Referred for Observation.
Teeth (Dental Diseases)	8	...
HEART AND CIRCULATION:—		
Heart Disease—Organic	...	...
Functional	...	1
Anæmia	1	1
LUNGS:—		
Bronchitis	...	2
Other Non-Tuberculous Diseases ...	...	...
TUBERCULOSIS:—		
Pulmonary—		
Definite	...	...
Suspected	...	...
Non-Pulmonary—		
Glands	...	5
Spine	...	...
Hip	...	...
Other Bones and Joints	...	...
Skin	...	...
Other forms	...	...
NERVOUS SYSTEM:—		
Epilepsy	...	...
Chorea	...	...
Other Conditions	...	...
DEFORMITIES:—		
Rickets	...	...
Spinal Curvature	...	...
Other Forms	1	...
Other Defects and Diseases	1	4

(B) NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Group.	Number of Children.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
Open-Air School ...	24	9	37·5%

Hastings School for Delicate Children.

(A) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1931.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.	
	No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.
MALNUTRITION		
SKIN :—		
Ringworm, Scalp		
Ringworm, Body		
Scabies		
Impetigo		
Other Diseases (Non-Tuberculous)		
EYE :—		
Blepharitis		
Conjunctivitis		
Keratitis		
Corneal Opacities		
Defective Vision (excluding Squint)		
Squint		
Other Conditions		
EAR :—		
Defective Hearing		
Otitis Media	1	
Other Ear Diseases		
NOSE AND THROAT :—		
Enlarged Tonsils only		4
Adenoids only		
Enlarged Tonsils and Adenoids	4	1
Other Conditions		
Enlarged Cervical Glands (Non-Tuberculous)		2
Defective Speech	2	
Teeth (Dental Diseases)	6	
HEART & CIRCULATION :		
Heart Disease— Organic		1
Functional		
Anæmia	1	2
LUNGS :		
Bronchitis	1	1
Other Non Tuberculous Diseases		

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.	
	No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.
TUBERCULOSIS :—		
Pulmonary—		
Definite	...	...
Suspected	...	...
Non-Pulmonary—		
Glands	1	...
Spine	...	...
Hip	...	1
Other Bones & Joints	...	...
Skin	...	...
Other Forms	...	...
NERVOUS SYSTEM :—		
Epilepsy	...	...
Chorea	...	...
Other Conditions	...	1
DEFORMITIES :—		
Rickets	...	...
Spinal Curvature	...	...
Other Forms	1	...
Other Defects and Diseases	2	2

(2) NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Group.	Number of Children.		Percentage of Children found to require Treatment
	Inspected.	Found to require Treatment.	
Open-Air School ...	25	9	36%

18. { **GIRLS' HIGH SCHOOL.**
BOYS' GRAMMAR SCHOOL.

Routine school medical inspection was carried out at both schools, the details being shown in the following tables.

All defects are reported to parents, and in each school the services of the private practitioner are definitely encouraged in securing treatment. Where necessary, however, especially as regards dental treatment, operative treatment for enlarged tonsils and adenoids, correction of defective vision, and orthopaedic treatment, the official channels of treatment may be utilised.

TABLE II.
High School for Girls.

(A) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1931.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.	
	No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.
MALNUTRITION	1	...
SKIN :—		
Ringworm, Scalp	...	...
Ringworm, Body	...	...
Scabies	...	...
Impetigo... ..	...	...
Other Diseases (Non-Tuberculous) ...	...	...
EYE :—		
Blepharitis	...	...
Conjunctivitis	...	...
Keratitis	...	...
Corneal Opacities	...	...
Defective Vision (excluding Squint) ...	6	...
Squint	1	...
Other Conditions	...	...
EAR :—		
Defective Hearing	..	...
Otitis Media	...	...
Other Ear Diseases	...	...

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.	
	No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.
Nose and Throat :—		
Enlarged Tonsils	6	
Adenoids	...	
Enlarged Tonsils and Adenoids	...	
Other Conditions	...	
Enlarged Cervical Glands (Non-Tuberculous)	2	
Defective Speech	...	
Teeth (Dental Diseases)	36	
Heart & Circulation :		
Heart Disease—Organic	1	
Functional	9	
Anæmia	...	
Lungs :		
Bronchitis	1	
Other Non-Tuberculous Diseases	...	
Tuberculosis :		
Pulmonary—		
Definite	...	
Suspected	...	
Non-Pulmonary—		
Glands	...	
Spine... ..	...	
Hip	...	
Other Bones and Joints	...	
Skin	...	
Other Forms	...	
Nervous System :		
Epilepsy	...	
Chorea	...	
Other Conditions	...	
Deformities :		
Rickets	...	
Spinal Curvature	...	
Other Forms	21	1
Other Defects and Diseases	...	

**(B) NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE
MEDICAL INSPECTION TO REQUIRE TREATMENT
(EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).**

Group.	Number of Children.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
High School for Girls ...	68	27	39.7%

TABLE II.

Grammar School for Boys.

**(A) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN
THE YEAR ENDED 31ST DECEMBER, 1931.**

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.	
	No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.
Malnutrition ...	...	...
SKIN :—		
Ringworm ...	...	...
Scalp ...	...	...
Body ...	...	...
Scabies ...	...	...
Impetigo ...	1	...
Other Diseases (Non-Tuberculous) ...	...	...
EYE :		
Blepharitis ...	...	...
Conjunctivitis ...	...	...
Keratitis ...	...	...
Corneal Opacities ...	...	...
Defective Vision (excluding Squint) ...	11	4
Squint ...	1	...
Other Conditions ...	...	...

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.	
	No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.
Ear : —		
Defective Hearing	...	...
Otitis Media	...	...
Other Ear Diseases	...	...
Nose and Throat :—		
Enlarged Tonsils only	3	19
Adenoids only	...	1
Enlarged Tonsils and Adenoids	...	...
Other Conditions	1	...
Enlarged Cervical Glands (Non-Tuberculous)	...	9
Defective Speech	...	...
Teeth—Dental Diseases	114	...
Heart & Circulation :—		
Heart Disease—Organic	...	1
Functional	...	17
Anæmia	...	1
Lungs :—		
Bronchitis	...	...
Other Non-Tuberculous Diseases	...	1
Tuberculosis :—		
Pulmonary—		
Definite	...	...
Suspected	...	...
Non-Pulmonary—		
Glands	...	...
Spine	...	...
Hip	...	...
Other Bones & Joints	...	...
Skin	...	...
Other Forms	...	...
Nervous System :—		
Epilepsy	...	1
Chorea	...	...
Other Conditions	...	...
Deformities :—		
Rickets	...	...
Spinal Curvature	...	...
Other Forms	12	6
Other Defects and Diseases	1	3

**(B) NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE
MEDICAL INSPECTION TO REQUIRE TREATMENT
(EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).**

Group.	Number of Children.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
Grammar School for Boys	334	30	8.9%

19. EMPLOYMENT OF CHILDREN & YOUNG PERSONS.

Number of licences issued to children in 1931	...	140
Number of such children medically examined	...	94
Number of such children rejected	...	nil

Description of the work at which the children were employed
and number of children so employed:—

Delivery of papers	...	...	...	88
„ „ milk	...	...	...	6
Errands	...	...	...	44
Housework	...	...	...	1
Assisting tradesmen	...	...	...	1
Total	...	...	...	140

A number of children are also employed under licences granted previous to 1931.

In addition to the above, 15 children were licensed to take part in Entertainments, each child being medically examined before the issue of the licence.

20. SPECIAL ENQUIRIES.

Dr. Lawson reports as follows:—

“(a) Results of Open Air Schools.

A special investigation of all children who have spent a period at either of the open air schools and who, having improved, have been back at the ordinary elementary schools for six months or more was undertaken. The results were published in “The Medical Officer,” 5th March, 1932, from which a summary of the conclusions is reproduced below.

The following points were investigated :—

- (1) Gain in weight :
 - (a) At open air school
 - (b) Since discharge.
- (2) Present general physical condition.
- (3) Amelioration of any special pathological condition.
- (4) Teacher's Report :
 - (a) Attendance
 - (b) Physical
 - (c) Mental.

CONCLUSIONS.

(1) All suitable children gain weight at above a normal rate at the open air schools.

(2) Most of these continue to gain after returning to ordinary schools.

(3) 80 per cent. become physically normal and lose all trace of pathological conditions.

(4) The same body of teachers who in many cases referred the children as defective now concede 75 per cent. as perfectly satisfactory.

(5) The benefits of the open air school are a result of fresh air, sunlight, feeding and rest, in fact the sum total of a perfect hygiene.

(6) The great need to-day is to establish all elementary schools on the open air principle, instead of erecting large expensive buildings with elaborate and ingenious, but often ineffective, artificial ventilation.

(b) **Enlarged Tonsils and Adenoids and Mental Retardation.**

(See pages 57-58.)

(c) **Observations on Children in Receipt of Lunch Milk.**

The summary of the findings is as follows :

MEDICAL REASONS FOR SUPPLYING MILK.

Thin, pale and undersized	...	...	...	37
Pre tuberculous	...	...	...	2
Delicate	...	...	...	2
Anæmia	...	...	...	8
Debility	...	...	...	7
Cervical Glands	...	...	...	6
Bronchitis	...	...	...	2
				—
				61
				—

Highest gains	...	...	10 lbs. 15 ozs.
Lowest	...	...	8 ozs.
Average gain	...	...	4 $\frac{1}{4}$ lbs.

(d) Classes for re-education of breathing after nose and throat operations.

Number of Sessions	...	...	...	...	14
Attendances—Boys	...	...	...	...	42
Girls	...	...	...	...	49
				—	
Total	...	...	...	...	91
				—	

During 1932 it is proposed

(1) to test whether in non-immunised Schlick negative reactors the findings remain constant on repeated testing,

(2) to estimate from a group of non-selected children the percentages showing a positive mantoux reaction at different ages."

21. MISCELLANEOUS.

Fifty-eight entrants for scholarships to the High School for Girls received a special medical examination. The School Medical Officer advised the Education Committee with regard to medical matters in connection with the engagement of teachers, and teachers on the sick list, etc.

MEDICAL INSPECTION RETURNS.

TABLE I. RETURN OF MEDICAL INSPECTIONS.

(A) Routine Medical Inspections.

NUMBER OF CODE GROUP INSPECTIONS.

Entrants	...	...	...	...	637
Intermediates	...	...	...	...	639
Leavers	...	...	...	...	620
				—	
			Total	...	1,896
				—	

NUMBER OF OTHER ROUTINE INSPECTIONS.

(1) Grammar School (Boys)	334
(2) High School (Girls)	68
(3) St. Leonards School for Delicate Children—Mental Branch .	68
(4) St. Leonards School for Delicate Children—Physical Branch ...	24
(5) Hastings School for Delicate Children (Physical)	25
Total	519

(B) Other Inspections.

NUMBER OF SPECIAL INSPECTIONS . . .	1,843
NUMBER OF RE-INSPECTIONS	6,679
Total	8,522

TABLE II.**Elementary Schools.**

(A) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN
THE YEAR ENDED 31ST DECEMBER, 1931.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under Obser- vation, but not requiring Treatment.
MALNUTRITION	29	24	9	...
SKIN:—				
Ringworm, Scalp	1	...	7	1
Ringworm, Body	1	...	16	...
Scabies	1	...	18	...
Impetigo	11	1	265	...
Other Diseases (Non- Tuberculous)	14	11	167	4
Minor Injuries (Bruises, Sores, etc)	..	1	612	2

Highest gains	...	...	10 lbs. 15 ozs.
Lowest	...	...	8 ozs.
Average gain	...	...	1 $\frac{1}{4}$ lbs.

(d) Classes for re-education of breathing after nose and throat operations.

Number of Sessions	...	...	...	14
Attendances—Boys	...	...	42	
Girls	...	...	49	
Total	...	91		

During 1932 it is proposed

(1) to test whether in non-immunised Schlick negative reactors the findings remain constant on repeated testing,

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Elementary Schools.

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	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under Obser- vation, but not requiring Treatment.
MALNUTRITION ...	29	24	9	...
SKIN :—				
Ringworm, Scalp ...	1	...	7	1
Ringworm, Body ...	1	...	16	...
Scabies ...	1	...	18	...
Impetigo ...	11	1	265	...
Other Diseases (Non- Tuberculous)	14	11	167	4
Minor Injuries (Bruises, Sores, etc) ...	...	1	612	2

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.
EYE:—				
Blepharitis	8	9	45	1
Conjunctivitis	1	...	21	...
Keratitis	1	...	1	...
Corneal Opacities	..	...	2	...
Defective Vision	94	60	117	5
(excluding Squint)				
Squint	14	12	18	...
Other Conditions	3	7	77	3
EAR:—				
Defective Hearing	11	6	6	2
Otitis Media	...	1	6	...
Other Ear Diseases	3	1	74	1
NOSE AND THROAT:—				
Enlarged Tonsils only	46	551	18	98
Adenoids only	4	18	4	3
Enlarged Tonsils and Adenoids	47	65	98	14
Other Conditions	17	28	121	5
Enlarged Cervical Glands (Non-Tuberculous)	1	296	18	40
Defective Speech	...	7	1	...
Teeth (Dental Diseases)	349	2,819	...	...
HEART & CIRCULATION:—				
Heart Disease—Organic	...	3	...	...
Functional	...	33	...	7
Anæmia	9	10	19	...
LUNGS:—				
Bronchitis	14	28	27	...
Other Non-Tuberculous Diseases	4	8	...	...
TUBERCULOSIS:—				
Pulmonary—				
Definite	1	...	...	...
Suspected	...	1	...	...
Non-Pulmonary—				
Glands	1	...	...	...
Spine	...	...	...	...
Hip	...	...	...	...
Other Bones & Joints	...	...	...	...
Skin	...	...	...	...
Other Forms	...	1	...	1

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.
NERVOUS SYSTEM :—				
Epilepsy	...	1	...	...
Chorea	...	...	2	...
Other Conditions	...	1	2	...
DEFORMITIES :—				
Rickets	1	18	...	1
Spinal Curvature	5	2	...	1
Other Forms	73	109	13	3
Other Defects and Diseases	25	28	757	11

(B) NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Group.	Number of Children.		Percentage of Children found to require treatment.
	Inspected.	Found to require treatment.	
Code Groups :—			
Entrants	637	93	14·5%
Intermediates... ..	639	133	20·8%
Leavers	620	124	20·0%
Total (Code Group) ...	1,896	350	18·4%
Other Routine Inspections... ..	519	105	20·2%

Table III. Return of all Exceptional Children in the Area.

			Boys.	Girls.	Total.
Children suffering from the following types of Multiple Defect, <i>i.e.</i> , any combination of Total Blindness (1), Total deafness (1), Mental Defect, Epilepsy, Active Tuberculosis, Crippling (as defined in penultimate category of the table), or Heart Disease			2	2	4
The actual combination of defects and the type of school, if any, attended should be indicated on a separate sheet.					
BLIND (including partially blind).	(i.) Suitable for training in a School for the totally Blind.	At Certified Schools for the Blind	...	...	...
		At Public Elementary Schools	...	...	...
		At other Institutions	...	1	1
		At no School or Institution	...	...	..
	(ii.) Suitable for training in a School for the partially blind	At Certified Schools for the Blind or Partially Blind	...	...	...
		At Public Elementary Schools	1	3	4
		At other Institutions	...	...	...
		At no School or Institution	2	...	2
DEAF (including deaf and dumb and partially deaf).	(i.) Suitable for training in a School for the totally deaf or deaf and dumb.	At Certified Schools for the Deaf	1	...	1
		At Public Elementary Schools	...	...	...
		At other Institutions	...	...	...
		At no School or Institution	...	...	...
	(ii.) Suitable for training in a School for the partially deaf.	At Certified Schools for the Deaf or Partially Deaf	...	...	...
		At Public Elementary Schools	...	1	1
		At other Institutions	...	...	...
		At no School or Institution	...	...	...
MENTALLY DEFECTIVE.	Feebleminded	At Certified Schools for Mentally Defective Children	35	32	67
		At Public Elementary Schools	2	2	4
		At other Institutions	...	...	...
		At no School or Institution	...	...	...
	Notified to the Local Mental Deficiency Authority <i>during the year.</i>	Details should be given on Form 307M.	...	...	...
			...	...	...

			Boys.	Girls.	Total
EPILEPTICS.	Suffering from severe epilepsy.	At Certified Schools for Epileptics	1	...	1
		At Certified Residential Open Air Schools	...	...	...
		At Certified Day Open Air Schools	...	...	...
		At Public Elementary Schools	...	...	...
		At other Institutions	...	...	...
		At no School or Institution	...	1	1
	Suffering from epilepsy which is not severe.	At Public Elementary Schools	2	2	4
		At no School or Institution	...	...	...
PHYSICALLY DEFECTIVE.	Active pulmonary tuberculosis (including pleura and intrathoracic glands)	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	...	...	...
		At certified residential open air Schools	...	...	...
		At certified day open air Schools	...	...	...
		At Public Elementary Schools	...	...	...
		At other Institutions	2	1	3
		At no School or Institution	1	...	1
	Quiescent or arrested pulmonary tuberculosis (including pleura and intrathoracic glands).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	...	...	...
		At Certified Residential Open Air Schools	...	...	...
		At Certified Day Open Air Schools	...	...	...
		At Public Elementary Schools	4	...	4
		At other Institutions	...	...	...
		At no School or Institution	...	...	...
	Tuberculosis of the peripheral glands.	At Sanatoria or Sanatorium schools approved by the Ministry of Health or the Board	...	...	...
		At Certified Residential Open Air Schools	...	...	...
		At Certified Day Open Air Schools	4	1	5
		At Public Elementary Schools	5	7	12
		At other Institutions	...	...	...
		At no School or Institution	...	...	...

PHYSICALLY DEFECTIVE

			Boys	Girls.	Total.
PHYSICALLY DEFECTIVE	Abdominal tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the board	...	...	...
		At Certified Residential Open Air Schools	...	...	...
		At Certified Day Open Air Schools	...	...	...
		At Public Elementary Schools	1	...	1
		At other Institutions	1	...	1
		At no School or Institution	1	...	1
	Tuberculosis of bones and joints (not including deformities due to old tuberculosis).	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	1	1	2
		At Public Elementary Schools	...	...	...
		At other Institutions	...	...	...
		At no School or Institution	...	1	1
	Tuberculosis of other organs (skin, etc.)	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	...	...	...
		At Public Elementary Schools	...	...	...
		At other Institutions	...	...	...
		At no School or Institution	...	...	...
	Delicate children, i.e., all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School.	At Certified Residential Cripple Schools	...	...	...
		At Certified Day Cripple Schools	...	...	...
		At Certified Residential Open Air Schools	...	...	...
		At Certified Day Open Air Schools	24	19	43
		At Public Elementary Schools	34	27	61
		At other Institutions	...	...	...
		At no School or Institution	2	...	2
	Crippled Children (other than those with active tuberculous disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.	At Certified Hospital Schools	...	1	1
		At Certified Residential Cripple Schools	4	7	11
		At Certified Day Cripple Schools	...	...	...
		At Certified Residential Open Air Schools	...	...	...
		At Certified Day Open Air Schools	1	2	3
		At Public Elementary Schools	13	6	19
		At other Institutions	...	...	...
		At no School or Institution	...	...	...

(Nil)

—			Boys.	Girls.	Total.
PHYSICALLY DEFECTIVE.	Children with heart disease, i.e., children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school.	At Certified Hospital Schools	...	...	...
		At Certified Residential Cripple Schools	...	...	...
		At Certified Day Cripple Schools	...	...	...
		At Certified Residential Open Air Schools	...	...	...
		At Certified Day Open Air Schools	1	2	3
		At Public Elementary Schools	6	5	11
		At other Institutions	...	...	...
		At no School or Institution	...	...	...

Table IV. Return of Defects Treated during the Year ended 31st December 1931.

TREATMENT TABLE.

GROUP I. MINOR AILMENTS (EXCLUDING UNCLEANLINESS, FOR WHICH SEE GROUP V.).

DISEASE OR DEFECT.	NUMBER OF DEFECTS TREATED, OR UNDER TREATMENT DURING THE YEAR.		
	Under the Authority's Scheme.	Otherwise.	Total.
SKIN:—			
Ringworm, Scalp	7	...	7
Ringworm, Body	16	...	16
Scabies	18	...	18
Impetigo	265	...	265
Other Skin Diseases	167	...	167
MINOR EYE DEFECTS (External and other, but excluding cases falling in Group II.)	146	1	147
MINOR EAR DEFECTS	86	...	86
MISCELLANEOUS (e.g., minor injuries, bruises, sores, chilblains, etc.).	1,460	...	1,460
TOTALS	2,165	1	2,166

GROUP II. DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE DEFECTS TREATED AS MINOR AILMENTS.—GROUP I.).

DEFECT OR DISEASE.	NUMBER OF DEFECTS DEALT WITH.			
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospital apart from the Authority's Scheme.	Otherwise.	Total.
ERRORS OF REFRACTION ... (Including Squint).	340	5		345
OTHER DEFECT OR DISEASE OF THE EYES (Excluding those recorded in Group I.)	...	...	...	...
TOTAL ...	340	5	...	345

Total number of Children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme 294

(b) Otherwise 5

Total number of Children who obtained or received spectacles :—

(a) Under the Authority's Scheme 282

(b) Otherwise 5

GROUP III. TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.				
RECEIVED OPERATIVE TREATMENT.				Total No. Treated.
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital apart from the Authority's Scheme.	Total.	Received other forms of Treatment.	
162	11	173	123	296

GROUP IV.—DENTAL DEFECTS.

(1) Number of Children who were : -

(a) Inspected by the Dentist :—

	Aged.				
Routine Age Groups	{	5	...	554	} Total ... 4,611
		6	...	572	
		7	...	493	
		8	...	353	
		9	...	443	
		10	...	447	
		11	...	727	
		12	...	279	
		13	...	448	
		14	...	295	
Specials	...	...	...	...	523
Grand Total					5,134

(b) Found to require treatment 2,939

(c) Actually treated 1,262

(d) Re-treated during year as the result of periodical examination 68

(2) Half-days devoted to { Inspection 53 } Total ... 487
 { Treatment 434 }

(3) Attendances made by the Children for treatment 3,223

(4) Fillings { Permanent teeth 1,077 } Total ... 1,778
 { Temporary teeth 701 }(5) Extractions { Permanent teeth 220 } Total ... 1,843
 { Temporary teeth 1,623 }

(6) Administration of general anæsthetics for extractions ... 172

(7) Other Operations { Permanent teeth 235 } Total ... 239
 { Temporary teeth 4 }

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i.) Average number of visits per school made during the year by the School Nurses 10

(ii.) Total number of examinations of children in the Schools by School Nurses 16,803

(iii.) Number of individual children found unclean 590

(iv.) Number of children cleansed under arrangements made by the Local Education Authority 14

(v.) Number of cases in which legal proceedings were taken :—

(a) Under the Education Act, 1921 nil.

(b) Under School Attendance Byelaws nil.

ORTHOPÆDIC CLINIC.

THE PREVENTION AND TREATMENT OF CRIPPLING.

The Orthopædic Clinic at the Royal East Sussex Hospital, in which Hastings is associated with the Borough of Bexhill and the East Sussex County Council, deals with the following classes of cases :—

- (a) Children of school age.
- (b) Infants under school age.
- (c) Cases of tuberculosis of all ages.

The scheme includes :—

- (a) **Initial Consultation and Systematic Supervision of treatment by the Orthopædic Surgeon.**
- (b) **Remedial Treatment at the Clinic by the Orthopædic Surgeon and Nurse.**
- (c) **Specialised Treatment, *e.g.*, Ultra-violet rays and X-Rays.**
- (d) **In-Patient Treatment.**

At the Royal East Sussex Hospital for short periods.

- (e) **Institutional Treatment, with Education.**

At the Chailey Heritage for cripples and the sea-side branch at Bishopstone.

Cases attending Orthopædic Clinic, December, 1931 :—

(a) SCHOOL MEDICAL SERVICE.

Infantile Paralysis	...	...	8 cases.
Congenital Conditions	...	...	7 „
Scoliosis and Kyphosis	...	...	19 „
Rickets	...	...	1 „
Miscellaneous	...	...	6 „
Total	...	...	11 „

(b) MATERNITY AND CHILD WELFARE.

Infantile Paralysis	...	...	2 cases.
Congenital Conditions	...	...	5 „
Rickets	...	...	3 „
Miscellaneous	...	...	11 „
Total	...	...	21 „

- (c) TUBERCULOSIS 5 cases.

The total attendances during the year were 3,885, not including 562 attendances for ultra-violet-ray treatment. The number of new cases referred for treatment were :—

	Orthopædic.	Light Treatment.
Maternity and Child Welfare Service	17	7
School Medical Service ...	22	4
Tuberculosis ...	3	3
Total ...	42	14

The main indications for light treatment have been debility and marasmus in infants, tuberculous glands and sinuses, and alopecia and certain other skin disorders in school children. The physician in charge of the light department decides as to the number of exposures necessary in the first instance after seeing the case, and from time to time forwards reports on the cases to the Medical Officer of Health, noting progress and making necessary recommendations.

The orthopædic work, carried out by the Health Authority, has shown definite expansion during the past year, both as regards the clinic, where the total attendances have increased, and also at Chailey, where there are 10 children in residence, three cases having been discharged and five being admitted during the year. In addition, one case of a tuberculous cripple is receiving residential treatment at the Stanmore Hospital. With regard to the Chailey cases, I should like to emphasise the excellent progress made by the children, as regards their crippling condition, their general health and their education both in general subjects and handicrafts.

With regard to the Hastings Clinic a close liason is maintained. Quarterly reports of progress in each case are received from the surgeon. Cases discharged as cured are kept under supervision at the School or Infant Welfare Clinic. Cases, where the treatment has been discontinued before cure or arrest, are followed up, in order that parents should realise their responsibilities and be persuaded to complete the treatment.

In addition a considerable number of cases of minor deformity have received corrective exercises at school, if necessary, in the event of non-improvement or deterioration, being referred to the orthopædic clinic.

REPORT ON PUBLIC HEALTH BACTERIOLOGICAL WORK, 1931.

This work is carried out in the laboratory of the Royal East Sussex Hospital under Dr. P. Lazarus-Barlow, Pathologist to the Hospital.

SOURCE OF SPECIMENS.	NATURE OF SPECIMENS.	No.
A. General Practitioners, Borough Sanatorium, Medical Officer of Health.	Sputum for Tubercle Bacilli	225
	Throat Swabs for Diphtheria	608
	Widal Examination for Typhoid Group ..	24
	Miscellaneous.	42
B. School Medical Service.	Throat Swabs for Diphtheria, etc.	27
C. Tuberculosis Dispensary.	Sputum for Tubercle Bacilli	73
D. Municipal Hospital	Miscellaneous	143
	Total Specimens examined	1142

DIPHTHERIA ANTI-TOXIN.—Supplies are kept at the Health Department and at Police Stations, and issued on request to the medical practitioners of the town.

GENERAL SANITARY ADMINISTRATION.

(1) LOCAL ACTS AND ORDERS, BYELAWS, ADOPTIVE ACTS.

During the past year there has been no addition or amendment.

(2) PUBLIC HEALTH PROPAGANDA.

(a) Two thousand copies of the Hastings edition of "Better Health," the official organ of the Central Council for Health Education of the Society of Medical Officers of Health are distributed each month. In the cover there is a leading article by me on some health topic, together with information regarding the local health services. The journal contains articles dealing with the prevention and cure of disease, personal hygiene, etc., by well-known authorities.

(b) Various members of the health department are engaged in health teaching and propaganda, as part of their general duties, and pamphlets are available dealing in simple language with practically every common preventable disease and health problem, including nutrition.

Dr. Harley Williams, from the National Association for the Prevention of Tuberculosis, gave his lecture and films to over 1,000 school children and 300 adults under the auspices of the Tuberculosis Care Committee.

(c) The voluntary health societies at their annual meetings generally arrange for a well-known public speaker to give a lecture on some medical or health topic related to the aims of the society.

(3) NURSING HOMES (REGISTRATION) ACT, 1928.

	Year ending December 31st, 1931.		
	Maternity Homes.	General Nursing Homes.	Maternity & General Nursing Homes.
1. Number of applications for registration	..	4	...
2. Number of Houses registered ...	...	2	...
3. Number of orders made refusing or cancelling registration ...		2	...
4. Number of appeals against such orders		.	...
5. Number of cases in which such orders have been			
(a) confirmed on appeal ...	..		..
(b) disallowed ...	...	...	...
6. Number of applications for exemption from registration ...	..	.	...
7. Number of cases in which exemption has been			
(a) granted ...	...	...	...
(b) withdrawn ...	...	...	...
(c) refused ...	...		...

Five Maternity Homes, and 21 General Nursing Homes altogether are registered.

In all applications for registration a thorough initial inspection and investigation is made by the Medical Officer of Health, with regard to the general sanitation of the premises, their suitability for the purpose of a nursing home, and the qualifications of the nursing staff.

The Model Byelaws of the Ministry of Health are in force, all homes being periodically inspected by the Medical Officer of Health.

(4) WATER SUPPLY.

The water supply remains for the present as previously described, 8 deep wells in the Ashdown Sand, with supplemental supplies from the Brede River and the Alexandra Park Reservoirs,

the latter two sources of supply being chlorinated with satisfactory results according to periodical analyses.

A plant has been installed to deal with iron deposit in the water, especially after rain storms.

The two Sedlescombe wells have not been taken into general use so far, except for a short period during the summer.

Steady progress has been made throughout the year in the important works at Great Sanders, near Sedlescombe, in connection with the dam and reservoir for 200,000,000 gallons of water. It is hoped that this water will be available for general use in little more than a year's time.

The following is a copy of a recent analysis, both chemical and bacteriological, of the existing water supply :—

The Counties Public Health Laboratories,

91, Queen Victoria Street, London, E.C.4.

Analysis of a sample of water received on 28th April, 1932, from Hastings Corporation, labelled Filsham Reservoir.

Chemical Results in parts per 100,000.

Turbidity—Clear and bright.

Colour—Normal. Odour—None.

Reaction pH—Neutral 7·8 Free Carbonic Acid.

Electric Conductivity at 20° C. ... 420

Total Solids, 180° C. 28·0

Chlorine in Chlorides 4·2

Nitrogen in Nitrates Nil. Nitrates absent.

Hardness: Permanent 3·0.

 Temporary 11·0.

 Total 14·0.

Metals Absent.

Free Ammonia 0·0024.

Albuminoid Ammonia 0·0076.

Oxygen absorbed in 3 hrs. at 37° C. 0·0950.

Bacteriological Results.

No. of Bacteria per c.c. :—

On gelatine in three days at 20°C. ... —.

On agar in 24 hours at 37°C. ... —.

The Bacillus Coli. Present in — Absent in

Bacillus Welchii " " — " "

(B. Enteritidis Sporogenes).

Report :—This is a clear and bright water free from colour and odour and neutral in reaction. It is of moderate hardness, contains no excess of saline or mineral matter in solution and is devoid of metallic impurity.

The water is of satisfactory organic quality and, on chemical grounds, is a pure and wholesome water suitable for drinking and domestic purposes.

(5) DRAINAGE AND SEWERAGE.

House drainage is generally in good condition, a considerable amount of work being carried out each year in working class property under the supervision of the Sanitary Inspectors.

The sewerage system of the town is receiving the close attention of the Borough Engineer. A complete and thorough survey is now being made, which will form the basis of a report, with probably far reaching and drastic recommendations, covering the modernisation of the whole system, including the flooding in the low-lying districts of the town, which occurs after severe rain storms.

During the year special attention has been directed to the conveniences attached to public houses, many of which are available to the general public in addition to customers. As a result, practically all the defective conveniences have been replaced by satisfactory modern and hygienic erections, which, in view of their public utility, are generally kept in order by the Corporation cleansing department.

(6) SCAVENGING.

The Borough Engineer's department deals with the collection and disposal of refuse, collection being done mainly by the Pagefield system, a combination of horse and motor vehicles, disposal at the destructor at Rock-a-Nore. Unfortunately the destructor is not capable at all times of dealing with all the refuse, for example, during the repair of cells, when it is entirely out of action. It is, therefore, necessary to still continue the practice of dumping over the sea at Rock-a-Nore and in selected dumps in sparsely populated areas to the north side of the town. The matter has received the attention of the Health Committee. The remedy appears to be either a large central destructor, capable of dealing with all the refuse, with sufficient cells in reserve to allow for repairs, or an additional destructor, supplementary to the existing one, for the outlying districts. In view of existing economic conditions no immediate action is feasible.

I have referred in recent reports to the difficulty of dealing with the largely increased refuse in flats, shops, and boarding-houses during the summer months, and the nuisances which not infrequently occur. In view of the fact that removal more frequent than once a week is not practicable, except in the larger hotels, boarding-houses, tea shops, etc., the housekeeper should see to the condition of the dustbin, burn as much as possible, and wrap up the rest of the refuse tightly in newspapers, whereby the smell and nuisance are much reduced.

The regular collecting vehicles have now been provided with movable covers with very satisfactory results as regards the diminution of the nuisance resulting from the contents being blown about.

The Health Department has co-operated with the department of the Borough Engineer in connection with the replacement of defective dustbins and the provision of regulation galvanized-iron dustbins in place of old insanitary ashpits, 111 dustbins having been so provided.

(7) **SANITARY INSPECTION OF DISTRICT.**(a) **SANITARY INSPECTORS' SUMMARY FOR 1931.**

	Eastern District.	Western District	Northern District.	Central District.	Total.
1. Visits of inspection to drainage works in progress	135	110	51	173	469
2. Visits of inspection to works in connection with notices	282	324	206	353	1165
3. Visits to outworkers' premises	..	..	..	6	6
4. Inspection of bakehouses	54	49	12	81	196
5. „ „ slaughterhouses	361	182	1680	403	2626
6. „ „ dairies, cowsheds and milk shops	84	37	84	117	322
7. Enquiries respecting Infectious Diseases, etc.	31	39	62	45	177
8. Drain tests applied	95	58	61	197	411
9. Houses and premises provided with new water-tight drains, properly intercepted and ventilated	10	13	12	5	40
10. Cesspools emptied and cleansed	2	..	16	..	18
11. Cesspools abolished	..	..	2	..	2
12. Drains cleared and amended	60	50	89	204	383
13. New iron and lead soil and ventilating pipes fixed	13	7	9	6	35
14. New closets fixed	18	27	17	17	79
15. Closets amended	39	11	32	158	240
16. New flushing boxes provided, necessary storage cisterns being fixed where required	17	23	19	23	82
17. Flushing boxes repaired	29	39	24	33	125
18. Glazed stoneware sinks fixed, fitted with proper wastepipes and trapped where necessary	5	19	13	14	51
19. Yards repaved	13	24	18	25	80
20. Sanitary ashbins provided	108	117	63	123	411
21. Accumulations of manure and other refuse removed	74	37	87	215	413
22. Rooms, etc., cleansed and whitewashed	277	148	193	240	858
23. Nuisances abated from animals improperly kept	2	1	23	10	36
24. Nuisances abated from chimneys sending forth black smoke	..	..	..	5	5
25. Nuisances abated from overcrowding	5	..	19	2	26
26. Miscellaneous repairs	206	64	207	250	727
27. New W.C.'s erected	2	4	..	4	10
28. New urinals constructed	1	5	3	9	18
29. Inspection of premises where food is exposed for sale	1385	826	479	1443	4133

(b) **General Summary.**

Inspection and Re-inspection of premises—visits	10,131
Houses and Premises inspected	4,740
Complaints investigated	836

Complaints investigated under Rats and Mice (Destruction) Act	...	...	...	207
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PRELIMINARY NOTICES.

Number of Notices served during the year 1931 ..	646
" " " complied with during the year 1931 ..	600
" " " not complied with during the year 1931	35
" " " reported to the Public Health Com- mittee during the year 1931 ..	2
" " " served during the year 1931 which are still receiving attention ...	Nil
" " " served during the year 1931 which were partly complied with	9

OTHER NOTICES.

Legal Notices served by Town Clerk	..	...	...	39
Premises inspected under Increase of Rent and Mortgage Interest (Restrictions) Acts, 1920 and 1923	.		...	9
Certificates granted	do.	do.	..	9

MILK AND DAIRIES (CONSOLIDATION) ACT, 1915.

MILK AND DAIRIES (AMENDMENT) ACT, 1922.

MILK AND DAIRIES ORDER, 1926.

Number of Preliminary Notices served during 1931	...	5
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(8) INSPECTION AND SUPERVISION OF FOOD.

(a) **Milk Supply of District.**

Retail Purveyors of Milk on Register, 1931	...	...	109
Wholesale Traders or Producers, 1931	...	...	23
Purveyors of Certified or Grade (A) Milk, 1931	...	...	9
Samples for bacterial contact and tubercle bacilli	...	...	21
Samples under Milk (Special Designations) Order	...	...	1

The general hygiene of the milk trade has continued to improve. The sale of milk in general shops, except in bottles, is much reduced.

No important structural improvements have been carried out at the dairy farms within the Borough owing to financial difficulties, but the general standard of the work and the conditions under which milk is produced are gradually improving.

The chemical analyses of milk were generally satisfactory (see p. 103).

Twenty-one samples of milk were submitted to bacteriological examination at the laboratory of the Royal East Sussex Hospital, of which 4 were reported unsatisfactory on general bacterial count and were followed up at the farm through the County Health Authority. Tubercle bacilli were not found in any sample.

(b) Meat.

All the slaughter-houses are privately owned, three used for slaughtering pigs only, and one licensed as a knackery.

The humane-slaughtering byelaws have now been in operation for 8 years with satisfactory results.

Very considerable attention is given to the work of inspection of slaughtered meat, diseased animals, etc., under the Public Health (Meat) Regulations, 1924. The Sanitary Inspectors also act as Officers under the Diseases of Animals Regulations, Tuberculosis Order, of 1925.

The standard of several of the outlying slaughter-houses as regards structure and general arrangements remains unsatisfactory. This is a matter which can only be dealt with eventually by the provision of a central abattoir, either as a public or private enterprise.

During the year there were several reconstructions of butchers' premises with great hygienic advantage. The use of windows, with suitable electric fans to ensure currents of air, is becoming more common, and must conduce to greater cleanliness of the meat. Also the amount of meat displayed in the windows tends to diminish, much greater use being made of refrigerators.

TUBERCULOUS MEAT CONDEMNED IN 1931.

Whole Carcases.

<i>Beasts.</i>	<i>Calves.</i>	<i>Heifers.</i>	<i>Pigs.</i>	<i>Cows.</i>
1	1	1	5	1

Portions of Carcases.

Forequarters

<i>Pigs Heads.</i>	<i>Pigs Lungs.</i>	<i>Beef.</i>	<i>Beef.</i>	<i>Ox Livers.</i>
36	1 set.	12 stones.	8	7

	<i>Ox Head</i>	
<i>Ox Lungs.</i>	<i>and Tongue</i>	<i>Beef Suet.</i>
21 sets.	5	1 stones.

MEAT (OTHER THAN TUBERCULOUS) CONDEMNED DURING 1931.

Whole Carcasses.

<i>Sheep.</i>	<i>Pigs.</i>	<i>Calves.</i>
9	6	1

Portions of Carcasses.

<i>Beef.</i>	<i>Ox Livers.</i>	<i>Pigs Livers.</i>	<i>Sheeps Livers.</i>	<i>Ox Kidneys.</i>
416 stns.	92	74	16	17½ lbs.
	88 lbs.	10 lbs.		
<i>Lamb.</i>	<i>Suet.</i>	<i>Pork.</i>	<i>Pigs Kidneys.</i>	<i>Lambs Livers.</i>
6 stones.	79 stones	7 stones.	3 lbs.	56 lbs.
<i>Lambs Heads.</i>	<i>Ox Breads.</i>	<i>Ox Lungs.</i>	<i>Pigs Lungs.</i>	
1	18½ lbs.	12 sets.	3 sets.	
<i>Ox Heads.</i>	<i>Ox Hearts.</i>	<i>Sheeps Lungs.</i>	<i>Ox Tongues.</i>	
2	1	2 sets.	4	
	<i>Calf</i>	<i>Lamb</i>		
<i>Pigs Bell</i>	<i>Sweetbreads</i>	<i>Forequarters.</i>	<i>Ox Tails.</i>	
2	23 lbs.	2	26 lbs.	
<i>Corned Beef.</i>	<i>Brawn.</i>	<i>Cherries.</i>	<i>Gooseberries.</i>	
4 tins	4 tins.	6 ½-seives.	10 lbs.	
		8 pecks.		
<i>Bananas.</i>	<i>Pears.</i>	<i>Tomatoes.</i>	<i>Eggs.</i>	<i>Cheese.</i>
3 dozen.	6 lbs.	12 lbs.	172	4 boxes.

(c) **Other Foods.**

During the year 4,133 visits were paid to premises where food is manufactured, prepared, stored, or exposed for sale.

Many visits of inspection were paid also, under Section 115, Hastings Corporation Act, 1924, to the kitchens of the hotels, boarding-houses, restaurants, tea-shops, beef and ham shops, etc., recommendations as to improvements being made, (and generally carried out if possible by the owners) as regards structure and general hygienic conditions. This sometimes calls

for a good deal of ingenuity, as, in a considerable number of the older premises, the kitchen is in the basement or even underground.

I would like to point out that the work of a tea-shop and a small restaurant requires considerable experience and aptitude, together with some knowledge of and training in hygiene, all of which may be lacking, with disastrous results, in the case of persons who think they can achieve an immediate success in this business without previous experience.

Fish Condemned, 1931.

		Cases.	Boxes.	Stones.	lbs.	Kits.	Galls.	Baskets.	Bushels.	Bags.
Coalfish	...	...	8	15	...	...	...	...	...	...
Mackerel	...	2	3½	10½	...	2	...	...	...	...
Herrings	...	1	16	11½	...	...	...	...	...	...
Haddocks	...	...	143	...	...	...	...	...	...	...
Dabs	...	2	...	6½	...	1	...	...	...	...
Whiting	...	4	30	12	...	...	...	...	...	...
Cod	...	...	...	16	...	...	...	...	...	...
Roes	...	...	5	3	...	...	...	...	...	...
Plaice	...	6½	3	41½	...	...	...	...	...	...
Kippers	...	...	51	...	...	...	...	...	...	...
Turbot	...	...	...	...	9	...	...	...	...	...
Codlings	...	...	30	...	...	...	...	...	...	...
Dog Fish	...	1	6	28½	...	...	...	...	...	...
Whitebait	...	...	6	...	...	...	...	...	...	...
Red Mullett	...	...	...	...	5	...	...	...	...	...
Witches	...	...	...	8	...	...	...	...	...	...
Ling	...	...	...	5	...	...	...	...	...	...
Megrims	...	...	...	7	...	...	...	...	...	...
Skate Wings	...	...	...	5	...	...	...	...	...	...
Salmon	...	2	...	19	...	...	...	...	...	...
Halibut	...	...	...	5	...	...	...	...	...	...
Mixed Fish	...	1½	3	...	...	...	...	...	...	...
Wheeks	...	...	...	...	...	...	...	...	1½	1
Fillets	...	...	72	3½	...	...	...	...	...	...
Shrimps	...	...	...	...	...	...	18	11	2	...
Lemon Soles	...	2	...	28	...	...	...	...	...	...
Catfish	...	...	...	5	...	...	...	...	...	...
Oysters	100	...	...	...	...	...	...	...	...	...
Dog Flaps	...	...	2	...	...	...	...	...	...	...
Prawns	...	...	...	...	18	...	...	...	...	...

Total weight of fish condemned, 961½ stones.

(d) Food and Drugs (Adulteration) Aot.

During the year 216 samples were taken and submitted to the Borough Analyst, Mr. Norman, at the School of Science. The following are particulars of the samples, results of analysis and the action taken in certain cases.

MILK :—124 samples taken, 112 genuine, *i.e.*, above the legal standard ; 12 adulterated, as follows :—

<i>Report of Analysis.</i>	<i>Action Taken.</i>
(a) Fat 2·40% ; Solids not fat 8·91% ; 20% deficient in fat.	Followed up by samples taken on delivery which were genuine.
(b) Fat 2·73% ; Solids not fat 8·22% ; 6% deficient in fat. Added Water 3·3%.	Reported to Public Health Committee. Explanation asked for and accepted. Vender warned by Public Health Committee.
(c) Fat 2·57% ; Solids not fat 8·77%.	Reported to Public Health Committee. Explanation asked for and accepted. Producer warned by Public Health Committee. County Sanitary Inspector also asked to take samples at farm.
(d) Fat 2·52% ; Solids not fat 8·50%.	Reported to Public Health Committee. No action taken.
(e) Fat 2·06% ; Solids not fat 5·36% ; 37% of added water.	Followed up by further samples.
(f) Fat 2·77% ; Solids not fat 9·09% ; 7·7% deficient in fat.	Followed up by further samples.
(g) Fat 2·61% ; Solids not fat 8·96% ; 10·7% deficient in fat.	Followed up by further samples.
(h) Fat 2·69% ; Solids not fat 8·88% ; 10% deficient in fat.	Followed up by further samples.
(i) Fat 2·70% ; Solids not fat 8·86% ; 10% deficient in fat.	Followed up by further samples.
(j) Fat 2·70% ; Solids not fat 8·67% ; 10% deficient in fat.	Followed up by formal sample which was genuine.
(k) Fat 2·69% ; Solids not fat 8·53% ; 10·3% deficient in fat.	Followed up by further samples.
(l) Fat 2·70% ; Solids not fat 8·67% ; 10% deficient in fat.	Followed up by further samples.

The following 122 samples were all genuine :—Butter, 26 ; Margarine, 6 ; Cheese, 11 ; Pepper, 6 ; Tea, 4 ; Lard, 13 ; Coffee, 6 ; Meat and Fish Pastes, 9 ; Custard Powder, 3 ; Sweets, 5 ; Honey, 1 ; Ground Almonds, 2 ; Jam, 3 ; Cornflour, 1 ; Soup Powder, 1 ; Baking Powder, 5 ; Blanc Mange Powder, 3 ; Condensed Milk, 2 ; Tinned Cream, 2 ; Cream, 4 ; Demarara Sugar, 1 ; Tomatoe Sauce, 1 ; Pickles, 1 ; Egg Powder, 2 ; Sponge Mixture, 1 ; Potted Meat, 3.

(9) FACTORIES, WORKSHOPS AND WORKPLACES.**1 Inspection of Factories, Workshops and Workplaces.**

Premises	Number of		
	Inspections	Written Notices	Prosecutions
Factories (Including Factory Laundries)	115	7	...
Workshops (Including Workshop Laundries)	202	14	...
Workplaces (Other than Out Workers' Premises included in Part 3 of this Report)	1157	38	...
Total	1474	59	...

2 Defects found in Factories, Workshops and Workplaces.

Particulars.	Number of Defects.			Number of Prosecutions.
	Found.	Remedied.	Referred to H.M. Inspector.	
<i>Nuisances under the Public Health Acts: *</i>				
Want of Cleanliness	89	84	...	...
Want of Ventilation	2	2	...	..
Overcrowding	2	2	...	...
Want of drainage of floors	16	15	...	...
Other Nuisances	40	39	...	...
Sanitary accommo- dation {	insufficient	3	3	...
	unsuitable or defective	15	15	...
	not separate for sexes	...	...	...
<i>Offences under the Factory and Workshop Act:</i>				
Illegal occupation of underground bakehouse (S. 101)	...	...	...	...
Other offences (excluding offences relating to out-work and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921)	...	...	...	...
Total	167	160	..	...

* Including those specified in Sections 2, 3, 7, and 8, of the Factory and Workshops Act 1901 as remediable under the Public Health Acts.

3—Home Work.

28 lists were sent in, with 16 contractors and 44 workmen.

Class.	Number.
(4).—REGISTERED WORKSHOPS.	
Workshops on the register (S. 131) at the end of year.	364
(5).—OTHER MATTERS.	
Matters notified to H.M. Inspector of Factories :	
Failure to affix Abstract of the Factory and Workshop Act (S. 133, 1901)	Nil.
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Acts (S. 5, 1901)	Notified by H.M. Inspector ... Nil.
	Reports (of action taken) sent to H.M. Inspector ... Nil.
Other	Nil.
Underground Bakehouses (S. 101) :	
Certificates granted during the year	Nil.
In use at the end of the year	21

(10) SHOPS ACT. MERCHANDISE MARKS ACT.

The Inspectors carried out the duties required, 2,075 visits being made to various types of shops.

(11) DISINFECTING & CLEANSING STATION, AMBULANCE WORK. HOUSE, ETC., DISINFECTION:

(a) Disinfecting Station—Summary of Articles Disinfected.

	Private Houses.	Public Institutions, Hospitals, Homes	Upholsterers, Private Firms.	From other Sources.
Mattresses... ..	369	861	136	14
Blankets	681	1,855	19	827
Pillows	788	2,665	131	268
Other Articles and Clothing ... }	1,862	698	185	14
Total. ...	3,700	6,079	471	1,123

(b) Cleansing Station.

	Numbers bathed for			Sets of Clothing Disinfected.
	Scabies.	Vermin.	Other Causes.	
Adults	...	3	...	3
School Children ...	18	7	...	82
Children under School Age ...	Nil.	Nil.	Nil.	Nil.
Total... ..	18	10	...	85

(c) Premises Disinfected.

Dwelling Rooms.	Hospital Wards.	School Rooms.	Offices, Shops.	Cells.	Miscellaneous. Name if necessary.
399	40	3	4	10	4 Motor Cars. 7 Books.

No complaints received as to injury to or loss of articles disinfected.

(d) Lethal Chamber.

FOR AGED, INFIRM AND DISEASED CATS AND DOGS.

Dogs destroyed	...	...	..	...	36
Cats destroyed			..	...	42

(e) Any other Work.

Dealing with condemned fish at the Fishmarket and assisting Inspector R.S.P.C.A.

(f) Ambulance and Disinfecting Van.

1. Number of journeys removal of patients...	279
2. Number of journeys removal of bedding...	3,066
3. Number of journeys disinfection of houses	497
Mileage—	
(a) Ambulance	3,081
(b) Disinfecting Van	10,131

(12) REPORT ON COMMON LODGING HOUSES, 1931.

The two registered Common Lodging Houses in the Borough are kept under the close supervision of the Inspectors, who paid 45 visits.

Both houses have been free from notifiable infectious disease during the year and are kept in accordance with the regulations.

(13) HOUSING.

Housing conditions in the Borough and local policy in relation to the Housing Act, 1930, were dealt with fully in last year's report.

During the past year substantial progress has been made in the new Hollington housing scheme for 200 houses under the Housing Act, 1924, the first being ready for occupation in the autumn. In addition, 8 houses, built in Grove Road under the Housing Act, 1930, were nearly completed at the end of the year. The new Hollington houses are most satisfactory in every way, in the high quality of the structural work, and in the convenience and economy of their interior arrangements. In addition the bracing and open site, well above the sea level, has a definite health value, as already proved by the improvement in the condition of certain cases of tuberculosis in the new houses.

Cordial co-operation exists between the Housing Manager, who took up her fresh duties during the year, and the officers of the Health Department, from which numerous reports have been forwarded with regard to the applicants for Council houses, living in overcrowded or insanitary houses, or suffering from ill health, possibly as a result of bad housing conditions. In a considerable proportion of these cases, the Housing Committee has been able either to grant a Council house, or to place the applicant definitely on the waiting list. In this connection I would like to acknowledge with thanks the definite consideration given to applicants with a history of tuberculosis in one or more members of the family.

At the request of the Housing Committee a number of defective houses have been inspected by the officers of the Health Department and appropriate action taken under

the Public Health or Housing Acts. In addition the policy was initiated of reporting a certain number of houses as unfit for human habitation, and not capable of being repaired at a reasonable cost, with a view to rehousing the tenants in houses built under the 1930 Housing Act. Several of these houses are now before the Council, but in some cases the procedure is complicated by the fact that the owners are prepared to repair the houses, at a cost out of proportion to their economic value. In view of the financial circumstances of the times, the offer is generally accepted ; and, after all, a house of that type, put into habitable repair, is a definite asset.

With regard to the Old Town Improvement Scheme, the position appears to be unchanged, further action as regards clearance being held up owing to legal difficulties. It will be necessary to deal with some of the houses in the area, still in occupation, as individual unfit houses, in view of their dilapidated condition.

As in previous years, the bulk of housing inspection has been carried out in the Old Town of Hastings, in the Ore and Sandown districts, in or around Hollington Old Lane, and in certain streets, especially those with basements, in the central parts of Hastings and St. Leonards. In all these areas there are patches of property definitely below a reasonable standard, demanding the regular supervision of the Sanitary Inspector, the amount of work for the year being shown in the following table.

HOUSING STATISTICS, 1931.

I. INSPECTION OF DWELLING HOUSES DURING THE YEAR :—

(1) (a) Total number of dwelling-houses inspected for housing defects under the Public Health or Housing Acts	880
(b) Number of inspections made for the purpose	1,881
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	181
(b) Number of inspections made for the purpose	621

(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ..	8
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	280
II. REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES :—	
Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers... ..	419
III. ACTION UNDER STATUTORY POWERS DURING THE YEAR :—	
A. Proceedings under Sections 17, 18 and 23 of the Housing Act, 1930 :—	
(1) Number of dwelling-houses in respect of which notices were served requiring repairs ...	5
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a) by owners	8
(b) by Local Authority in default of owners	Nil.
B. Proceedings under Public Health Acts :—	
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	23
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(a) by owners	23
(b) by Local Authority in default of owners	Nil.
C. Proceedings under Sections 19 and 21 of the Housing Act, 1930 :—	
(1) Number of dwelling-houses in respect of which Demolition Orders were made	1
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders ..	Nil.

D. Proceedings under Section 20 of the Housing Act, 1930 :—

- | | | |
|---|--------|------|
| (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made | ... .. | 1 |
| (2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit | ... .. | Nil. |

E. Proceedings under Section 3 of the Housing Act, 1925 :—

- | | | |
|--|--------|------|
| (1) Number of dwelling-houses in respect of which notices were served requiring repairs | ... | Nil. |
| (2) Number of dwelling-houses which were rendered fit after service of formal notices :— | | |
| (a) by owners | .. ... | Nil. |
| (b) by Local Authority in default by owners | ... .. | Nil. |
| (3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close | ... .. | Nil. |

F. Proceedings under Sections 11, 14 and 15 of the Housing Act, 1925 :—

- | | | |
|--|--------|------|
| (1) Number of dwelling-houses in respect of which Closing Orders were made | ... .. | Nil. |
| (2) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit | ... | Nil. |
| (3) Number of dwelling-houses in respect of which Demolition Orders were made | ... .. | Nil. |
| (4) Number of dwelling-houses demolished in pursuance of Demolition Orders | ... .. | Nil. |
-

LOCAL GOVERNMENT ACT, 1929.

HOSPITAL POLICY—MEDICAL ASPECTS.

This matter was fully dealt with in the report for 1930, a full description being given of every hospital in the district, both special and general, with a summary of the available beds.

With regard to the Municipal Hospital, formerly the Infirmary side of the Poor Law Institution, it was pointed out in detail in my original report that in order to ensure a reasonable standard of medical efficiency and nursing comfort certain important improvements were essential. After detailed reports from all the officials concerned practically all these services have been approved, and will probably be completed within the ensuing year, including :—

- (1) The provision of an additional female block of 40 beds.
- (2) The provision of a separate children's block of 36 beds for well children.
- (3) The provision of central heating to warm all the hospital side
- (4) Separate accommodation for cases of tuberculosis, with special sanitary annexes, including a new verandah for males.
- (5) The provision of X-ray apparatus.
- (6) The utilisation of the general dining room (a) as a ward for 12 cases, (b) as a massage department with new ultra-violet ray apparatus.
- (7) Improvement in the nurses' quarters, both generally and more particularly by converting the board rooms into excellent accommodation for 11 nurses.
- (8) Provision of a padded room for urgent or violent mental cases, prior to transfer.
- (9) Provision of a new mortuary.

As a result of these improvements the present overcrowding, especially on the female side, will be materially reduced, the beds being more spread out. In addition, the classification of cases will be more satisfactory. The present congestion in the children's ward will be removed, and well children taken away from the immediate hospital atmosphere. Overcrowding in the tuberculosis wards will be avoided together with any risk of infection.

With the completion of the additions and improvements at the Municipal Hospital I am of opinion that the total accommodation available at the three local hospitals, approximately 500 beds, should be reasonably adequate for the needs of the neighbourhood served, which, in addition to Hastings, includes in the case of the two voluntary hospitals, surrounding rural and urban districts such as Bexhill, Rye, Battle and Robertsbridge, altogether a population of about 120,000. Also the East Sussex County Council utilises the Municipal Hospital to some extent, 10 beds being guaranteed, although I understand that number, by consent, is increased from time to time.

The two voluntary hospitals continue to be associated with the corporation health services in various directions, for example, by affording facilities for operations for enlarged tonsils and adenoids at both hospitals. At the Royal East Sussex Hospital, out-patient clinics for tuberculosis, venereal diseases, orthopædic cases, and mental diseases are held; the special departments: X-rays, bacteriological, ultra-violet light, are utilised and in-patients for surgical tuberculosis, puerperal pyrexia, and orthopædic treatment are received.

For reasons set out in the Report for 1930 the question of Declaration and Appropriation as a Hospital under the Public Health Acts is difficult on account of the mixed nature of the buildings on the hospital and house sides. In view of the medical importance of the Institution, this question cannot be overlooked, but must continue to receive attention, with a view to action when circumstances permit.

With regard to other medical work transferred no alteration has taken place during 1931, the position being :—

(a) The Medical Officer of Health is medical adviser to the Public Assistance Committee.

(b) Medical relief is administered by a Special Sub-Committee of the Public Assistance Committee, there being 4 districts, with 4 district medical officers.

(c) Vaccination and Infant Protection are administered in the department of the Medical Officer of Health under the Public Health and Maternity and Child Welfare Committees respectively.

HASTINGS MUNICIPAL HOSPITAL.

I.—Table showing the classification of the accommodation for the sick, maternity and mental cases and the number of beds occupied on the 31st December, 1931.

Classification of Wards.	Number of Wards	BEDS.							
		MEN		WOMEN		CHILDREN (under 16 years of age)		TOTAL	
		Pro- vided (3)	Occu- pied (4)	Pro- vided (5)	Occu- pied (6)	Pro- vided (7)	Occu- pied (8)	Pro- vided (9)	Occu- pied (10)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1 Medical ...	2	49	40	94	84			143	124
2 Surgical ...									
3 Chronic sick ...	...	...	...	...	...	...	...		
4 Children...	1	...	...		...	39	34	39	34
5 Venereal...	2	9	9	14	6	...		23	15
6 Tubercu- losis ...									
7 Isolation...									
8 Maternity	1	...		12	3			12	3
9 Mental ...	2	16	16	29	29	...	...	45	45
Total ...	8	74	65	149	122	39	34	262	221

II.—Statistics relating to the year ended 31st December, 1931.

(A)—IN-PATIENTS.

1. Total number of admissions (including infants born in Hospital) ... 840
2. Number of women confined in Hospital ... 38
3. Number of live births ... 35
4. Number of still births ... 3
5. Number of deaths among the newly-born (i.e., under four weeks of age)* ... 1
6. Total number of deaths among children under one year (including those given under 5) ... 6

7. Number of Maternal deaths among women confined in hospital	...	...	..	...	Nil.
8. Total number of deaths	...	...	...	...	202
9. Total number of discharges (including infants born in hospital)	...	...	...	...	609
10. Duration of stay of patients included in 8 and 9 above. Give number of cases whose total stay was for the following periods—					
(a) Four weeks or less	...		approx.		310
(b) Exceeding four weeks but under thirteen weeks	...		approx.		308
(c) Exceeding thirteen weeks			„		193
11. Number of beds occupied					
(a) average during the year	...	...	...		204.17
(b) highest, on 28th December	...	...			223
(c) lowest, on 15th March	...	...	...		182
12. Number of surgical operations under general anæsthetic (excluding dental operations)	...				202
13. Number of abdominal sections	...	...	...		52

* This figure should relate only to children born in hospital.

(B)—OUT-PATIENTS.

1. The nature and scope of the out-patient provision (if any) for continuation of treatment, emergency treatment, consultations or otherwise.

There is no recognised out-patient department attached to the Hospital. All urgent and accident cases receive medical attention. Other out-patients chiefly include those who are advised to attend, following discharge from Hospital as for instance, massage cases.

2. Total number of persons seen in the out-patient department	...	...	...	...	...	93
3. Number of these persons who were subsequently admitted for in-patient treatment in the Institution	...	...	...	...	...	6
4. Number of these persons who had received in-patient treatment in the Institution	...					23
5. Total number of attendances in the out-patient department	...	...	...	approx.		572

6. If there is an ante-natal clinic, give the number of women seen and the total number of attendances ... Nil.
7. If there is a Venereal Disease clinic, give the number of patients seen and the total number of attendances ... Nil.

(C)—CLASSIFICATION OF IN-PATIENTS WHO WERE DISCHARGED FROM OR WHO DIED IN THE INSTITUTION DURING THE YEAR ENDED 31ST DECEMBER, 1931.

DISEASE GROUPS.	Children under 16 yrs. of age		Men and Women.	
	Discharged	Died	Discharged	Died
(a) Acute infectious disease ...	10	...	...	...
(b) Influenza ...	4	1	4	...
(c) Tuberculosis— Palmonary } Non-pulmonary }	...	2	19	9
(d) Malignant disease ...	...	...	10	23
(e) Rheumatism— (1) Acute rheumatism (rheumatic fever) together with sub-acute rheumatism and chorea ...	...	...	8	...
(2) Non-articular manifestations of so-called "rheumatism" (muscular rheumatism, fibrositis, lumbago and sciatica) ...	...	...	8	...
(3) Chronic arthritis ...	...	...	4	5
(f) Venereal disease ...	...	...	12	1
(g) Puerperal pyrexia ...	...	...	...	...
(h) Puerperal fever (a) Women confined in the hospital } (b) Admitted from outside }	...	...	...	...
(i) Other diseases and accidents connected with pregnancy and child-birth ...	...	...	6	...
(j) Mental diseases (a) Senile Dementia } (b) Other }	...	...	50	20
(k) Senile decay ...	...	...	38	84
(l) Accidental injury and Violence ...	...	...	26	3

DISEASE GROUPS.	Children under 16 years of age		Men and Women.	
	Dis- charged	Died	Dis- charged	Died
<i>In respect of cases not included above :</i>				
(m) Disease of the Nervous System and Sense Organs	4	1	52	6
(n) Disease of the Respiratory System	41	2	28	13
(o) Disease of the Circulatory System...	8	..	28	14
(p) Disease of the Digestive System	12	..	56	5
(q) Disease of the Genito-urinary System	2	..	14	7
(r) Disease of the Skin	6	..	26	..
(s) Other diseases	10	2	28	1
(t) Premature	..	3	...	..
(u) Mothers and infants discharged from Maternity Wards and not included in above figures	Mothers	..	33	..
	Infants	30	...	..
(v) Destitute	30	..	2	...
Totals	157	11	452	191

METEOROLOGY.

I am greatly indebted to Mr. Simmons, the Meteorologist for the Borough, for the following information with regard to weather conditions in Hastings in 1931.

1. Table showing monthly hours of Bright Sunshine, &c.

Month.	Hours of bright Sunshine.	Rainfall in inches.	Ultra Violet Radiation (Monthly average reading).
January ...	77·8	2·77	·8
February ...	94·4	2·12	1·3
March ...	156·4	0·48	1·6
April ...	139·4	3·55	1·8
May ...	207·3	2·29	2·5
June ...	226·2	1·11	3·0
July ...	187·3	3·08	2·8
August ...	163·8	3·89	2·5
September ...	137·6	1·76	2·2
October ...	135·9	0·76	1·3
November ...	53·4	5·15	·5
December ...	41·0	0·93	·6
	1,620·5 hrs.	27·89 ins.	20·9 units
		708 mm.	

2. Comparative figures, total hours of Sunshine.

Folkestone	...	1643·1 hrs.
Tunbridge Wells	..	1450·4 „
Eastbourne	... ..	1670·9 „

3. Miscellaneous.

Rain fell on 189 days.

There were 16 thunderstorms.

Snow fell on 10 occasions.

Wind reached Gale force on 14 occasions.

Prevailing wind, South-Westerly, light or moderate.

The warmest days were June 14th and August 5th

Temperature at 75° F.

The warmest nights were August 3rd and 4th.

Temperature at 63° F.

The coldest days were March 9th and 10th.

Temperature at 31° F.

The coldest night was March 11th

Temperature at 21° F.

Daily mean maximum shade temperature 55°0 F.

„ „ minimum „ „ 44·8 F.

Earth temperature mean at 1 ft. 51·5° F. and 4 ft. 51·4° F.

Relative Humidity : -Morning 80% ; Evening 84%.

Summary of Provision of Health Services.

(1) Nursing in the Home. Arrangements in District.

(See Report for 1930.)

(2) Midwives.

See Section—Maternity and Child Welfare.

(3) Prevention of Blindness.

The Corporation gives a substantial grant to the Voluntary Society for the Blind, which is carrying out an ever increasing most admirable and beneficent work, *e.g.*, help in maintenance up to the definite level of 22 6 for each blind person, obtaining and keeping suitable work, general and special treatment in local hospitals and national institutions

By a Declaration under the Local Government Act of 1929, the Voluntary Committee now deals with blind persons and sighted “dependents” requiring out-relief from the Public Assistance Committee.

(4) Rag, Flock Acts, 1911, 1922.

The amount of flock used is comparatively small in amount, all clean and employed in re-making mattresses and general upholstery. The premises are all in a satisfactory condition and under the regular supervision of the Sanitary Inspectors.

(5) Ambulance Facilities for

(1) INFECTIOUS CASES.

(2) NON-INFECTIOUS AND ACCIDENT CASES.

(See Report for 1930.)

During 1931 a new Austin 6-cylinder specially designed fever ambulance was installed to the great advantage and comfort of patients in view of occasional long journeys. The existing Dodge Ambulance is now utilised as disinfecting van and emergency ambulance.

(6) Clinic and Treatment Centres.

(7) National Health Insurance.

(8) Poor Law Medical Relief.

(9) Institutional Provision for Unmarried Mothers, Illegitimate Infants and Homeless Children.

(See Report for 1930.)



